

# Juvenile Law Issues Meeting

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FEBRUARY 8, 2019

12:10-3:30 P.M.

SAN FRANCISCO, CA



JUDICIAL COUNCIL  
OF CALIFORNIA

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OPERATIONS AND PROGRAMS DIVISION  
CENTER FOR FAMILIES, CHILDREN & THE COURTS

## Juvenile Law Issues

Judicial Council Boardroom, 3<sup>rd</sup> Floor

- 12:10 – 12:55 p.m. California Children’s Trust  
*Alex Briscoe*
- 12:55 – 1:25 p.m. Updates:
  - Court Appointed Counsel Funding
  - Family First Prevention Services Act
  - Department of Juvenile Justice Reform Implemented by Gov. Jerry Brown
  - Remote Appearance by Incarcerated Parents*Audrey Fancy, Principal Manager, CFCC*
- 1:25 – 2:25 p.m. Federal Child and Family Services 2017 Review and Upcoming Plan  
*Dave McDowell, CDSS Children’s Services Operations and Evaluations Branch, Children and Family Services Division*
- 2:25 – 2:35 p.m. Juvenile Law Legislative Update  
*Andi Liebenbaum, Attorney, Judicial Council Office of Governmental Affairs*
- 2:35 – 2:50 p.m. Welfare and Institution Code 827: Challenges and Procedures  
*Marymichael Smrdeli, Attorney, CFCC*
- 2:50 – 3:05 p.m. Accomplishments, Funding, and Next Steps from the Mental Health Services Implementation Task Force  
*Tareq Nazamy, Supervising Analyst, CFCC*
- 3:05 – 3:15 p.m. RuPro Proposal Selection Process  
*Hon. Jerilyn L. Borack*  
*Audrey Fancy*
- 3:15 – 3:30 p.m. Emerging issues (All)
- 3:30 – 4:00 p.m. Reconvene as Full Committee for 2019 Priorities and Next Steps

## **Juvenile Law: California Children's Trust**

### **Annual Agenda Item:**

#### **5. Blue Ribbon Commission on Children in Foster Care (BRC) Recommendations**

Continue to provide Judicial Council members input on council accepted recommendations concerning child welfare made by the BRC.

Those recommendations broadly include:

1. Reducing caseloads for judicial officers, attorneys, and social workers;
2. Ensuring a voice in court and meaningful hearings for participants;
3. Ensuring adequately trained and resourced attorneys, social workers, and Court Appointed Special Advocates (CASA); and
4. Establish and monitor data exchange standards and information between the courts and child welfare agencies and those to be monitored by the Judicial Council Technology Committee, in consultation with the Family and Juvenile Advisory Committee, develop technical and operational administration standards for interfacing court case management systems and state justice partner information systems.

#### **25. Court Coordination and Efficiencies**

Review promising practices that enhance coordination and increase efficient use of resources across case types involving families and children including review of unified court implementation possibilities, court coordination protocols, and methods for addressing legal mandates for domestic violence coordination to provide recommendations for education content and related policy efforts.

### **Background:**

The California Children's Trust is an initiative that seeks to reimagine California's approach to the social, emotional, and developmental health of children. The initiative posits that early identification of and intervention in behavioral health is the key to healthy outcomes and equality for all children. The initiative is poised to implement its collaborative administrative approach by leveraging unspent county dollars eligible for federal match and the upcoming renegotiation of Federal Medicaid waivers.



## California Children's Trust

*A planning process designed to reimagine the way we define, serve, and invest in the social, emotional, developmental, and behavioral health of California's children and their families.*

**The California Children's Trust is an initiative to leverage the power of behavioral health supports and strategies—and the resources behind them—to achieve healthy development and health equity for children in California.**

The initiative seeks to **reinvent our state's approach** to children's social, emotional, and developmental health using consensus building and systems change approaches. Its success depends upon families, system leaders, advocates, and professionals uniting to reimagine behavioral health as a foundational strategy for achieving healthy development and health equity for children in California.

**We can do better.** For the first time in our state's history, almost all children (97%) are covered by health insurance with a behavioral health benefit—a benefit that could be applied across all child-serving systems. Yet the majority of children do not access this benefit, resulting in significant unmet need.

Measured against developmental benchmarks, epidemiological estimates, or access to quality care, California's child-serving systems are failing. Services vary dramatically by geography and setting, with little consistency or accountability. Many child-serving systems struggle to meet requirements codified in state and federal law.

By **redefining the scope and nature of behavioral health—and the procurement, financing, workforce, and delivery systems behind it**—we can nurture children's social, emotional, and developmental health from birth through young adulthood and engage and support their families in the process. **The CA Children's Trust is a collaborative initiative to capture unique opportunities—right now**—to conceive, fund, administer, measure, and deliver a comprehensive system of support for children.

By expanding our definition of behavioral health and changing how we finance and administer it, we can meet the developmental needs of all children, improve health outcomes, reduce stigma, address inequity, and reinvent California's child-serving systems.

**Many children are exposed to trauma and have behavioral health needs, yet most children in California who need support do not receive it:**

Of California's children who report needing help for emotional or behavioral health problems, **only 35% receive mental health services.**

Between **20 and 25% of youth meet criteria for a mental health disorder** with severe impairment across their lifetime.

Approximately **50% of California children are enrolled in Medi-Cal and entitled to behavioral health services** under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit. **Yet annually, less than 5% of eligible children access EPSDT behavioral health services.**

**Youth of color disproportionately receive punitive and restrictive behavioral interventions** in response to signs of trauma and emotional stress caused by structural racism, and other systemic, social, economic, and environmental factors.

**California is 43rd in the nation in providing the behavioral, developmental, and social screenings** key to identifying early signs of challenges.

## Why now?

### A confluence of factors provides significant opportunity:

- Clear evidence demonstrates the importance of behavioral health to healthy development and social and emotional learning—particularly for children exposed to trauma or other adverse childhood experiences.
- Promising trauma-informed practices address health equity and support the transformation of child-serving systems.
- The children’s mental health benefit under Medicaid is an uncapped entitlement (EPSDT) with a broad definition of medical necessity that can be reinterpreted to expand services and supports.
- \$2.5 billion of unspent county and state mental health funds are eligible for federal match. These resources create an opportunity to generate significant new federal revenue.
- Federal Medicaid waivers must be renegotiated by 2020, providing an opportunity to redefine federal, state, and county roles and responsibilities under new state leadership.
- Models of collaborative administration and creative financing in other states offer strategies that can be applied to California’s fragmented child-serving systems.

### Partners who have made early commitments to the initiative include:

Breaking Barriers  
Children Now  
First 5 Association  
Futures Without Violence  
East Bay Agency for Children  
Genentech  
Lincoln  
McKenzie Foundation of San Francisco  
Mental Health Services Oversight and Accountability Commission (MHSOAC)  
National Health Law Program (NHLP)  
Seneca Family of Agencies  
Stanford University Center for Youth Mental Health and Well-being  
Social Policy Institute at San Diego State University School of Social Work  
The Children’s Partnership  
Trauma Transformed  
University of California, Los Angeles  
University of California San Francisco (UCSF) Benioff Children’s Hospital Oakland  
WestCoast Children’s Clinic  
West Ed  
Zellerbach Family Foundation



**California  
Children’s  
Trust**

**Please join us in this initiative to improve the health and well-being of California’s children.**

For more information or to learn how you can get involved, please visit our website [www.cachildrenstrust.org](http://www.cachildrenstrust.org) or contact [info@cachildrenstrust.org](mailto:info@cachildrenstrust.org)



## The California Children's Trust Stakeholder Coalition Agreements and Principles

### The California Children's Trust asks all of its coalition partners to affirm five Key Principles:

- 1. Early intervention is critical to healthy development.** California faces a crisis regarding the social, emotional, and developmental health of our children. We must invest in early and proactive interventions to protect and promote the well-being of our children.
- 2. California needs to widen access to behavioral health supports.** Children and families need access to a range of behavioral health approaches and strategies that nurture social, emotional and developmental health.
- 3. Racism and poverty contribute to health inequities across California.** Improving children's and families experiences and addressing health inequities, structural racism, and multi-generational poverty perpetuated in current systems are central to improving child well-being in California.
- 4. Collaborative and accountable systems change is the way forward.** We need an integrated and coordinated statewide redesign of our child-serving systems that holds itself accountable to children and families.
- 5. The time for change is now.** We have a unique opportunity--right now-- to change California's policies, financing and fragmented service delivery systems to improve children's behavioral health and well-being.

By signing this agreement, I affirm five Key Principles and give permission to include \_\_\_\_\_publicly as a "Member of the California Children's Trust Coalition." I am interested in (check all that apply):

- Staying apprised of activities and opportunities to engage with the Trust
- Contributing ideas and thought to the development of the Trust
- Taking actions on behalf of the Trust
- Financially supporting the Trust

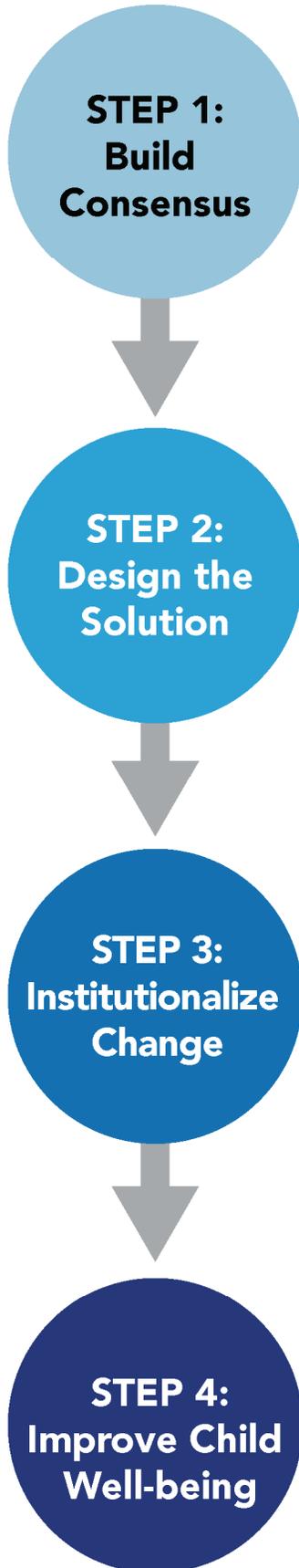
I understand that the California Children's Trust will be using my or my organization's name to demonstrate the breadth and depth of support for this work. The Trust will NOT represent me or my organization as supporting any particular policy position or recommendation without first obtaining advanced written authorization.

For inquiries or to officially join the coalition or, please return this form to [info@cachildrenstrust.org](mailto:info@cachildrenstrust.org)

# Theory of Change



**California  
Children's  
Trust**



**Purpose:** *The California Children's Trust is established to transform how we promote healthy development and health equity for children in California.*

*Establish research and analysis capacity.*

*Develop communications strategy.*

*Establish infrastructure, funding and partnerships.*

*Engage public leaders.*

*Mobilize stakeholder coalition.*

*Identify short-term high value opportunities.*

**Financing:** *Funding is adequate and flexible.*

**Policies:** *Policies are enacted that enable greater access and quality.*

**Administration:** *State and counties have capacity to administer re-designed service delivery system.*

**Quality & Accountability:** *State and counties have capacity and common metrics to measure and report quality and standards of care.*

**Integrated Model:** *Effective and culturally appropriate behavioral health practices and strategies are integrated into all child-serving systems and community-based settings.*

**Healthy Development:** *Children and their families are supported to achieve developmental benchmarks.*

**Health Equity:** *Children have opportunities to lead healthy and productive lives regardless of factors such as race or ethnicity, socioeconomic status, gender or residence.*

**Vision for Child Well-Being:** *All children have the support that they need to achieve their potential.*



**California  
Children's  
Trust**

# Reimagining Behavioral Health for California's Children

BREAKING BARRIERS, November 15<sup>th</sup>, 2018



California  
Children's  
Trust

BEHAVIORAL HEALTH IS NOT SIMPLY  
A RESPONSE TO PATHOLOGY—IT IS  
A STRATEGY TO ACHIEVE EQUITY,  
HEALTHY DEVELOPMENT, AND  
SYSTEMS CHANGE.



The Crisis is Real.  
So Is the Opportunity.

Join us and help reinvent how we  
define, fund, administer, and measure  
the social and emotional health of  
California's Children

# MENTAL HEALTH AND SUBSTANCE USE DISORDERS ARE THE LEADING CAUSES OF DISEASE BURDEN IN THE US

Age standardized disability adjusted life years (DALYs) rate per 100,000 population, both sexes, 2015



DALY, or the Disability-Adjusted Life-Year, is a metric that combines the burden of mortality and morbidity (non-fatal health problems) into a single number. One DALY can be thought of as one lost year of "healthy" life.

DALYs for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences: **DALY = YLL + YLD**

<https://www.healthsystemtracker.org/chart-collection/current-costs-outcomes-related-mental-health-substance-abuse-disorders/#item-prevalence-mental-illness-among-adults-relatively-stable>

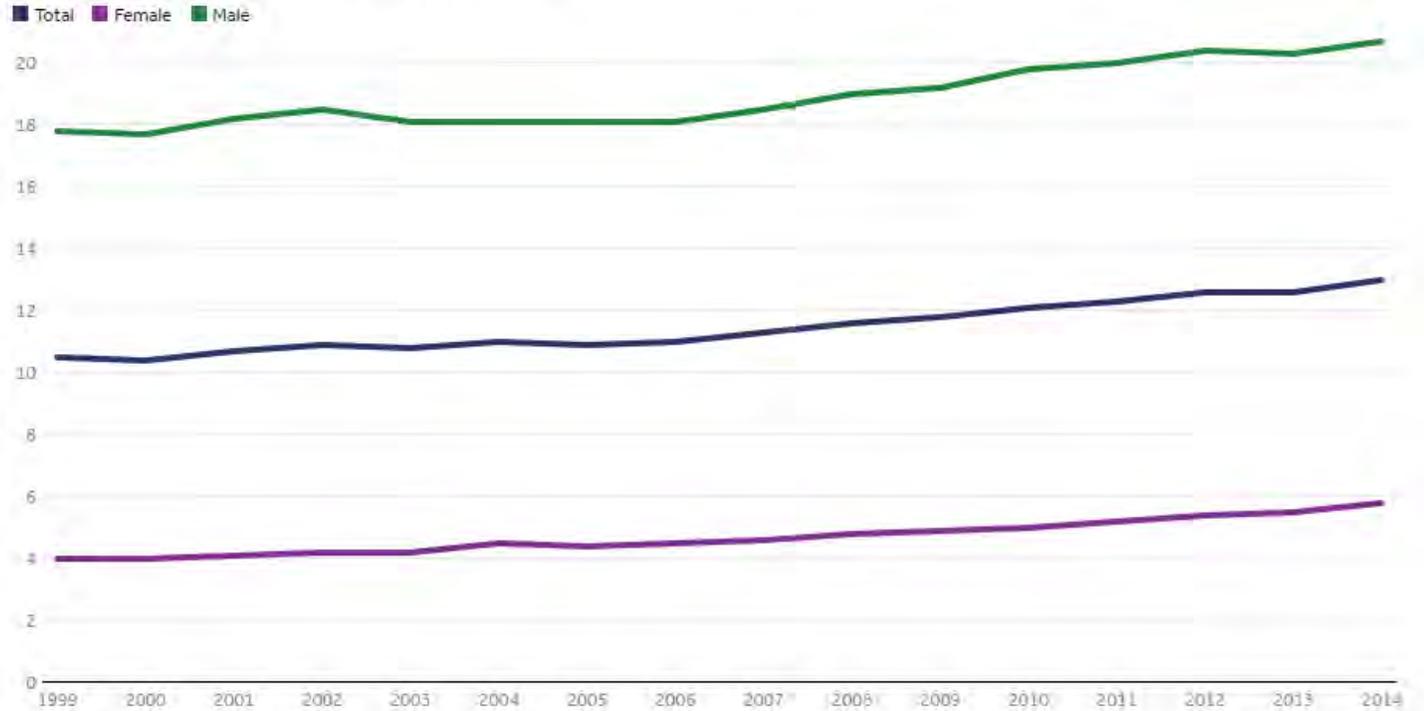
# BEHAVIORAL HEALTH IS THE FUNDAMENTAL DRIVER OF MORBIDITY FOR 10- TO 24-YEAR-OLDS

Homicide, suicide, and unintentional injury (mostly car-related) are the three leading causes of death for youth ages 10-24.

In the last 10 years, suicide has leap-frogged cancer and unintentional injury and become the second leading cause of death for youth and young adults.

Suicides per 100,000 people

Age-adjusted suicide rates, by sex, 1999-2014



## Suicide Data is Striking

After almost steadily declining between 1986 and 1999, the national suicide rate increased a startling 24% between 1999 and 2014, with a 2% increase per year beginning in 2006.

The suicide rate for young women ages 10-14 increased the most in that time, jumping 200% from 0.5 suicides per 100,000 to 1.5 suicides per 100,000.

## And it's not just suicide rates...

There have been striking increases in both self-reported need (surveys) and demonstrated acuity (diagnosis and utilization of crisis and inpatient services) over the last 10 years of available data.

*Overall All Cause* children's hospitalizations are not increasing. **The primary drivers of increases in hospitalizations among youth and young adults are behavioral health conditions.**

<https://www.healthsystemtracker.org/chart-collection/current-costs-outcomes-related-mental-health-substance-abuse-disorders/#item-prevalence-mental-illness-among-adults-relatively-stable>



# Children In California

10,192,863 children

5<sup>h</sup> largest economy in the world

20% of children live in poverty (8 of 10 will never move out)

More than 6 million of California's 10 Million Children Are Covered by MediCal and the EPSDT Entitlement (33% increase over last 5 years)

96% of children in California are covered by a health insurance plan with a mental health benefit.

Low Income children and children from marginalized communities experience adversity at greater rates and bear a disproportionate burden of adverse outcomes.

African-American children are 7 times as likely as white children to be persistently poor.

Latino students in LAUSD drop out of school at a rate 7.5 times higher than that of their white counterparts.

over 70% of youth with mental health needs did not have access to services, even if they have health insurance. This increases to 80% among youth with non-English-speaking parents.

# Among children & adolescents enrolled in MediCal:

- 63.4% Hispanic
- 14.5% White
- 9% African American
- 7% Other
- 5.7% Asian/Pacific Islander
- 0.4% Alaskan Native/Native American

# California's children's mental health system is underperforming:

Most children get no support, and many get the wrong kind.

96% of children in California are covered by a health insurance plan with a mental health benefit.

But less than 1 in 4 receive any mental health treatment.

And now only 3% of low income children entitled to all the care they require get ongoing care (5 or more visits)

# THERE HAS BEEN STRIKING INCREASES IN MENTAL HEALTH NEEDS AND ACUITY AMONG YOUTH



Inpatient visits for suicide, suicidal ideation and self-injury **increased by 104% for children ages 1 to 17 years, and by 151% for children ages 10 to 14** between 2006 and 2011.



**ED visits increased by 71% for impulse control disorders** for children ages 1 to 17 years.



A total of **\$11.6 billion** was spent on hospital visits for mental health between 2006 and 2011.



In California, **There has been a 50% increase in mental health hospital days** for children between 2006 and 2014

# Things are getting worse.

For adolescents\*:

- the rate of self-reported mental health needs has increased by 61% since 2005
- the rate of mental health-related hospitalizations has increased 50% since 2007

More children are eligible for services yet fewer are getting care. Since 2011 Realignment:

- Despite a 20% increase in the number of eligible children, there has been a concurrent 9% decrease in the rate of children receiving services.
- For those receiving services, there was a 20% increase in crisis services utilization.

# THE MEDICAL MODEL ISN'T THE ANSWER

- Approximately 75% of mental illness manifests between the ages of 10 and 24. Since adolescents have the lowest rate of primary care utilization of any demographic group, it makes early warning signs difficult to detect.
- Provider shortages at the PCP and mental health practitioner level compound the challenge.
- Diagnosis-driven models are only appropriate for some children. Early identification and intervention is essential to any recovery framework.



## How did we get here?

We have no common framework for defining and understanding behavioral health among and between public systems and clinical care providers.

Our public systems are deeply fragmented and under-resourced. Commercial payers have not effectively partnered with child-serving systems.

A lack of clarity over whether youth mental health care is an essential benefit or a public utility prevents commercial payers from fully engaging.

Our definition of medical necessity is outdated and inconsistent with emerging trends and evidence regarding the impact of trauma and adversity on social and emotional health.

The field is young. Many clinical modalities with widespread application are less than 20 years old.



These are hard truths and they require  
a new approach...

AND

We have a generational opportunity to act. The  
crisis is real but so is the opportunity.



The Children's Trust seeks to reinvent how we fund, purchase, deliver, and evaluate social, emotional, and developmental services and supports across systems.



## THE RIGHT INTERVENTIONS CAN CHANGE THE TRAJECTORY

We have new science and emerging practices that demonstrate the power of behavioral health services.

If we have the courage, will, and skill to apply this work to improve the lives of children and families...

- Interventions that increase resilience can have a moderating effect on depressive symptoms for children exposed to trauma.
- Targeted individual and group interventions to reduce risk factors and increase protective factors can prevent the onset of childhood depression and anxiety.
- Individual, group, and family treatment interventions can relieve symptoms of traumatic stress; improve cognitive, behavioral, social and emotional health; and improve children's performance in school.

Wingo, A., Wrenn, G., Pelletier, T., Gutman, A., Bradley, B. and Ressler, K. 2010. "Moderating effects of resilience on depression in individuals with a history of childhood abuse or trauma exposure." *J Affect Disord.* 126(3): 411-414. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3606050/>

Lawrence, P.J., Rook, S., Creswell, C. 2017. "Review: Prevention of anxiety among at-risk children and adolescents- a systematic review and meta-analysis." *Child and Adolescent Mental Health.*; 22(3): 118-130

Saxena, S., Jane-Llopis, E., Hosman, C. 2006. "Prevention of mental and behavioural disorders: implications for policy and practice." *World Psychiatry.* Feb; 5(1): 5-14.

Substance Abuse and Mental Health Administration. 2018. *Helping Children and Youth Who Have Traumatic Experiences.* Retrieved from:

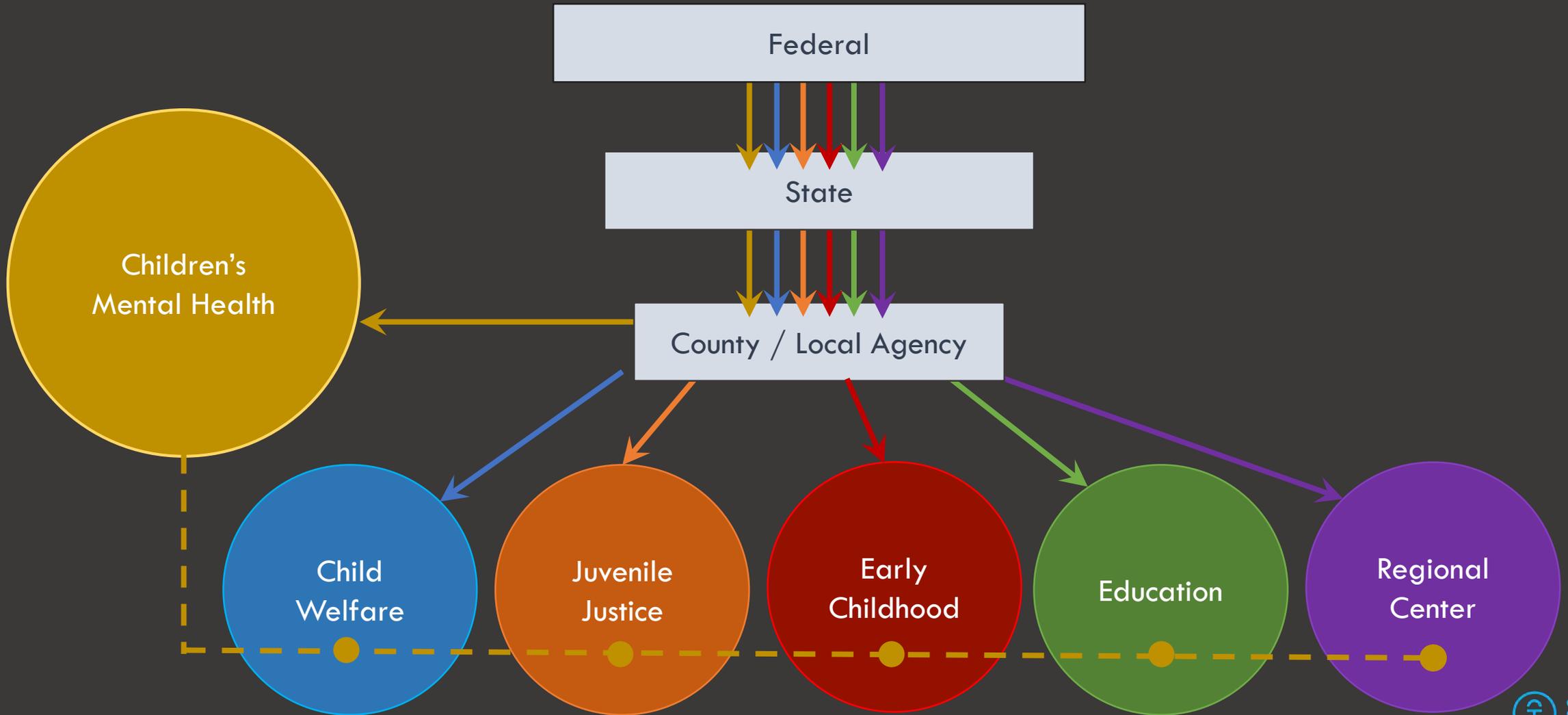
[https://www.samhsa.gov/sites/default/files/brief\\_report\\_natl\\_childrens\\_mh\\_awareness\\_day.pdf](https://www.samhsa.gov/sites/default/files/brief_report_natl_childrens_mh_awareness_day.pdf)

The National Child Traumatic Stress Network. "Treatments that Work." Retrieved on May 13, 2018, from:

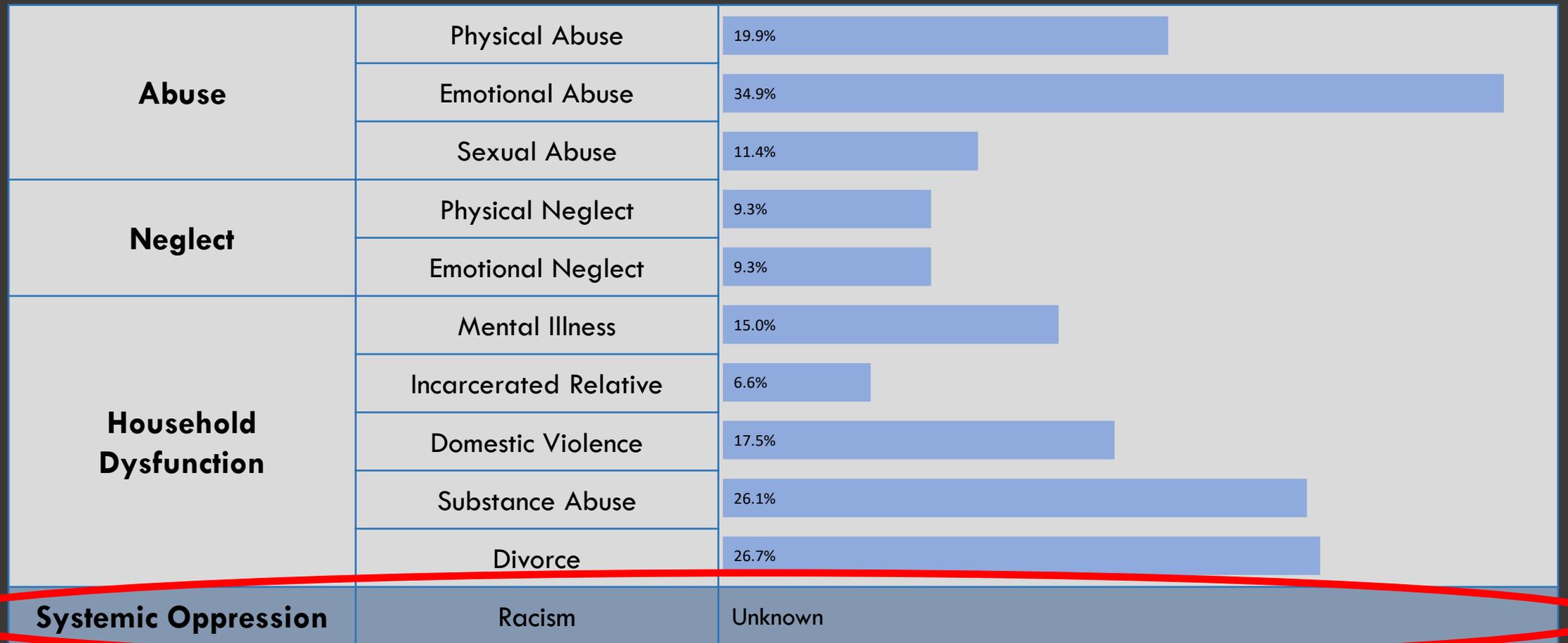
<https://www.nctsn.org/treatments-and-practices/treatments-that-work/interventions>



# MEDICAID IS THE TIE THAT BINDS FRAGMENTED CHILDREN'S SYSTEMS



# PREVALENCE OF ACES



% of Californians exposed to ACE

We have new science and emerging practices that demonstrate the importance and promise of behavioral health

The Economic Imperative is aligned with the social justice imperative.

We face a generational opportunity to finance systems change at scale

# WHY NOW?

- Growing consensus that current design and outcomes are unacceptable
- Growing revenues (MHSA AND REALIGNMENT) in the context of the EPSDT Entitlement.
- Federal waiver opportunities
- National movement towards integration
- New science and learning that highlights the promise of behavioral health
- New state administration
- Need for Family Systems Models
- Workforce Scarcity as Opportunity
- Lessons Learned



California  
Children's  
Trust

Mine that past for adaptive  
behavior...

1.5 million  
residents

5 SELPAs

14 school districts

Thirteen 9-1-1  
receiving centers

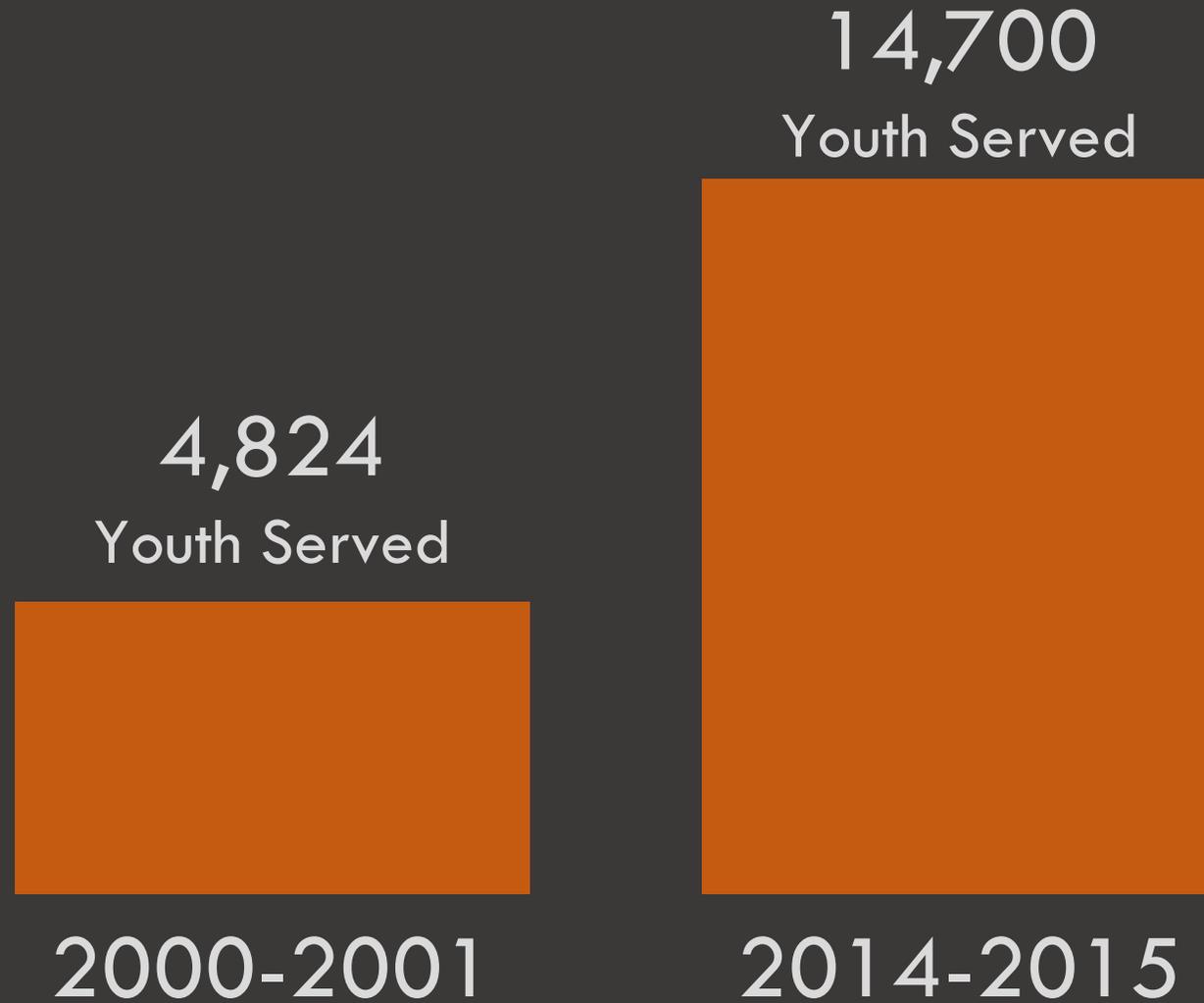
22 Hospitals

2,000 children in out-of-home  
care

# ALAMEDA COUNTY



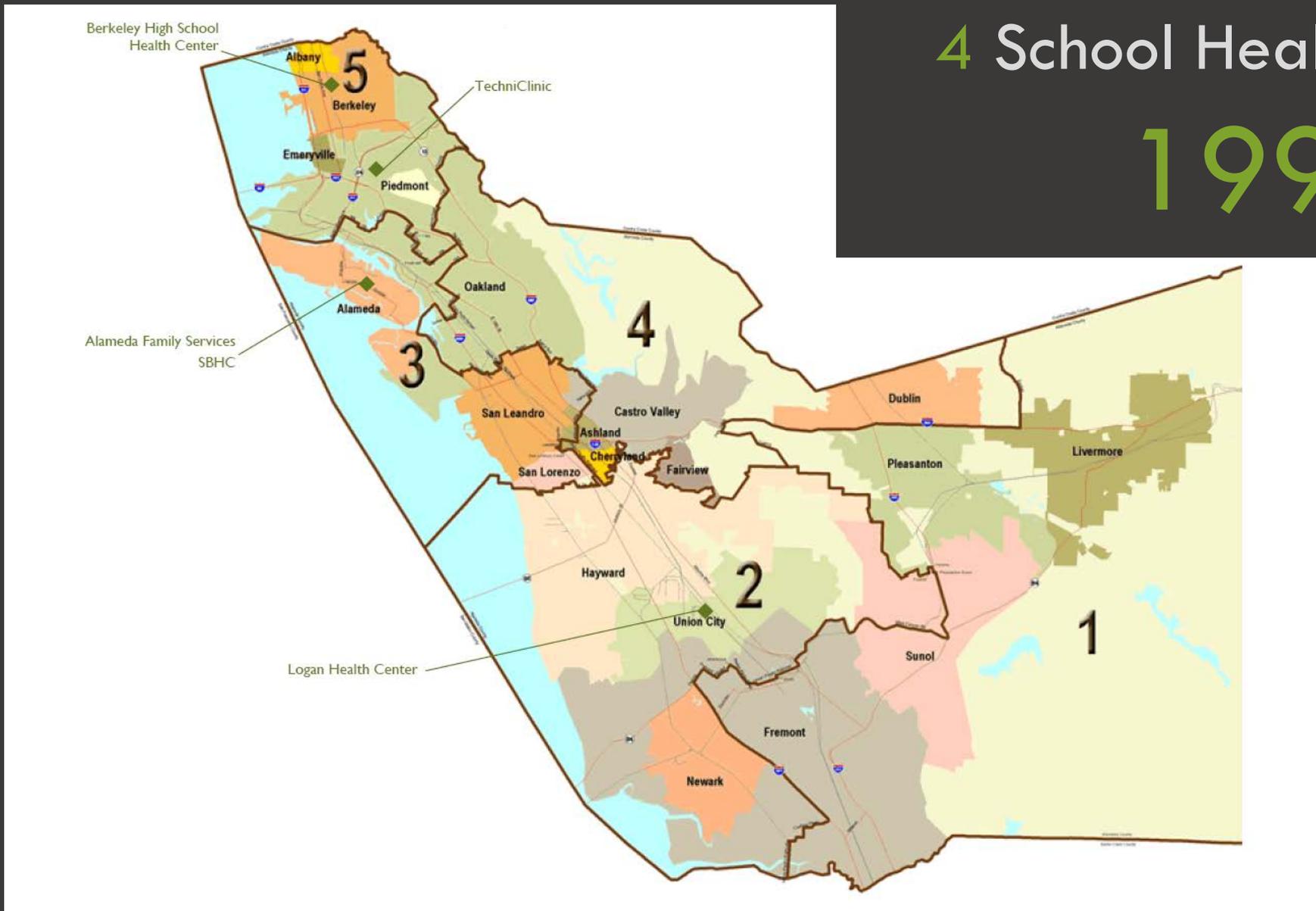
# EPSDT EXPANSION TO SERVE MORE YOUTH



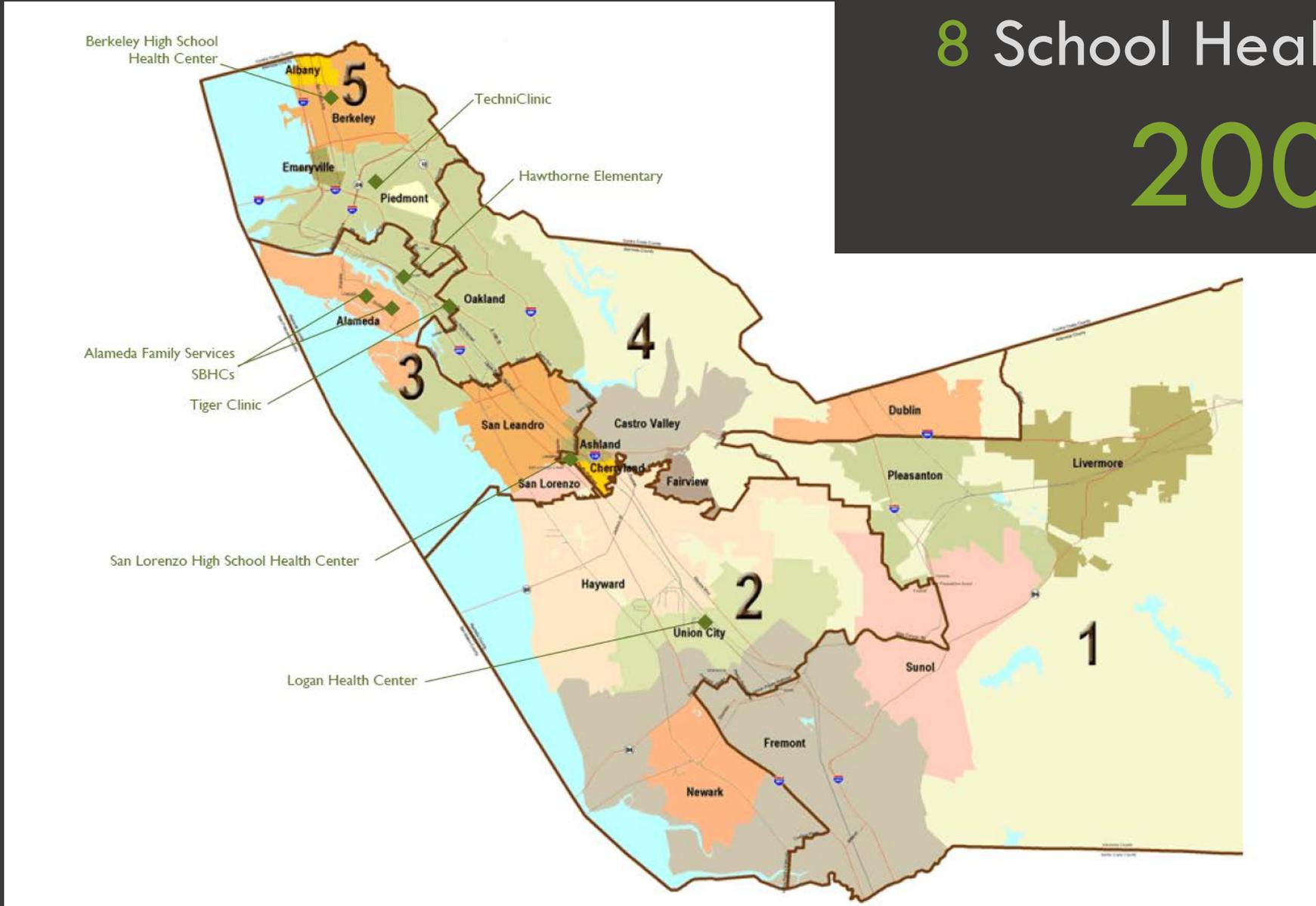
# Alameda County

## 4 School Health Centers

# 1996



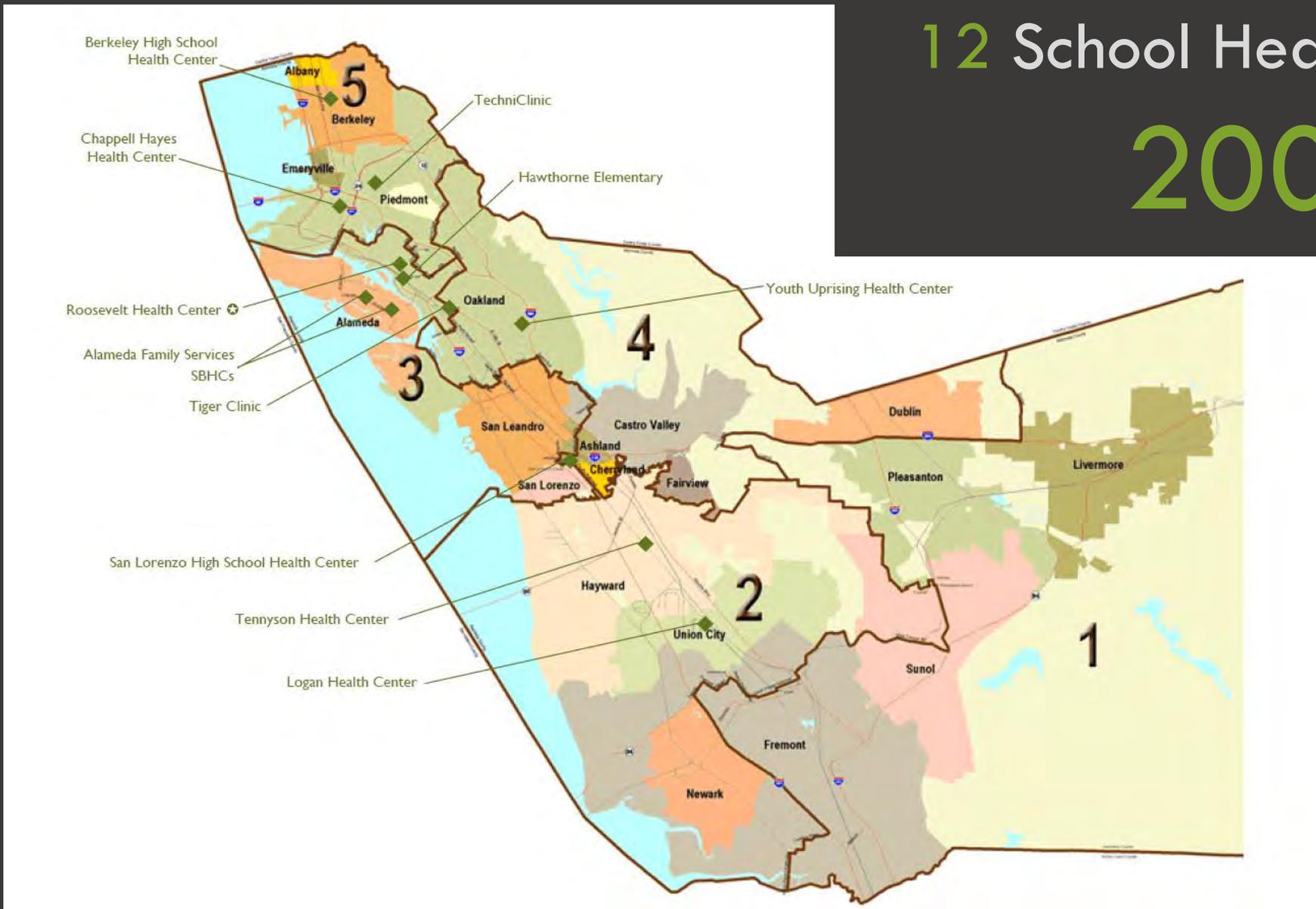
# Alameda County 8 School Health Centers 2000



# Alameda County

## 12 School Health Centers

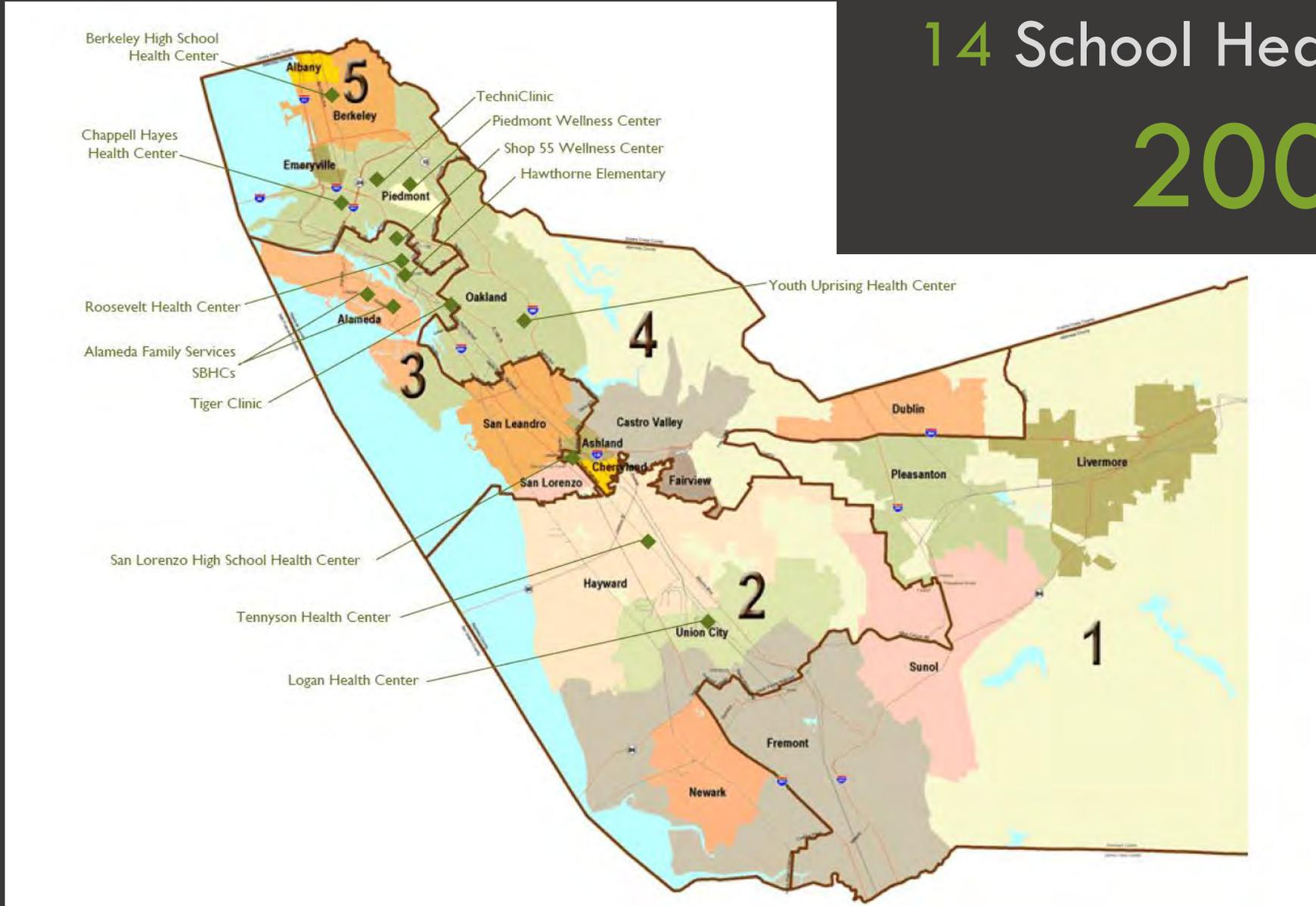
# 2004



# Alameda County

## 14 School Health Centers

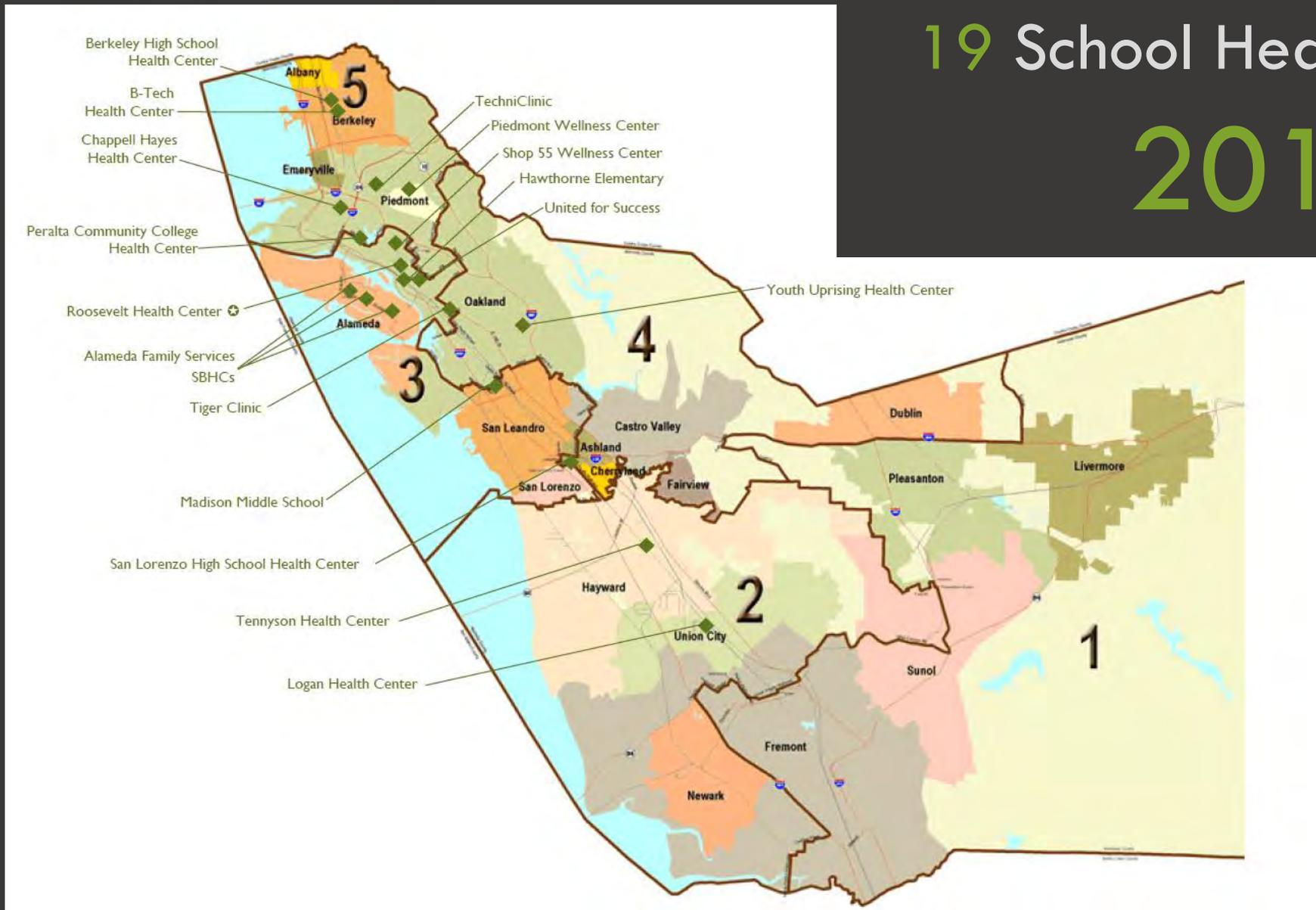
# 2008



# Alameda County

## 19 School Health Centers

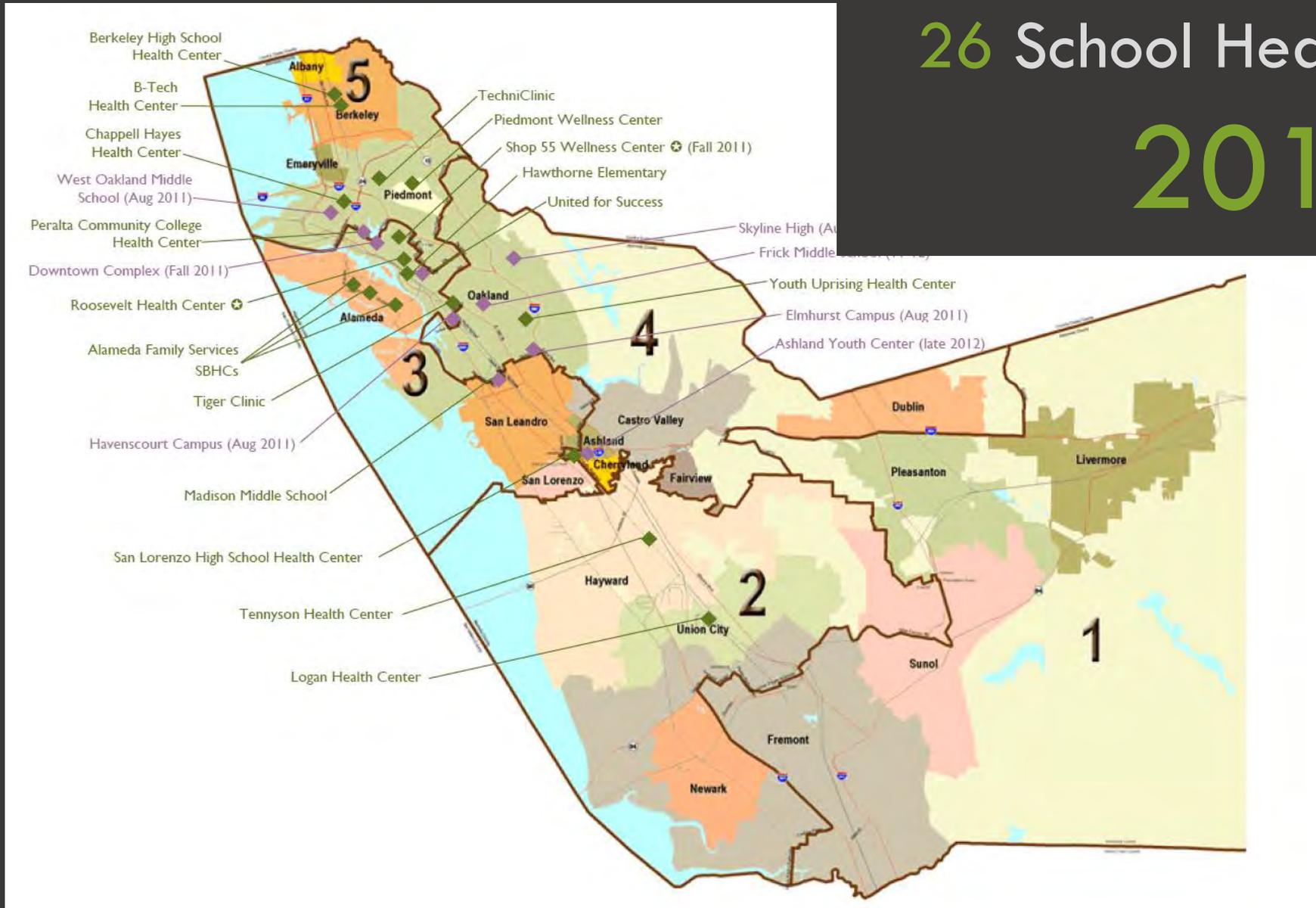
# 2010



# Alameda County

## 26 School Health Centers

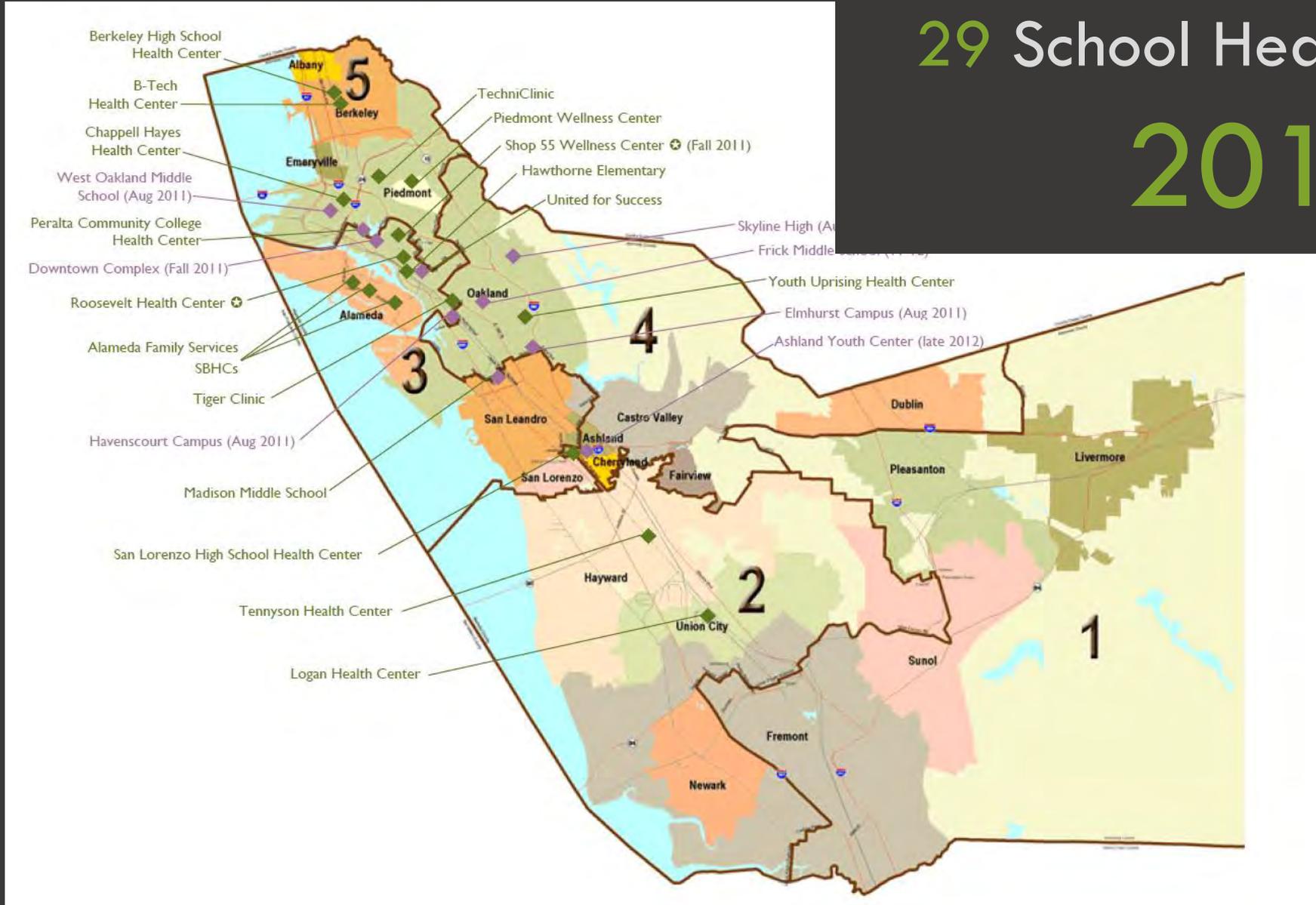
# 2012



# Alameda County

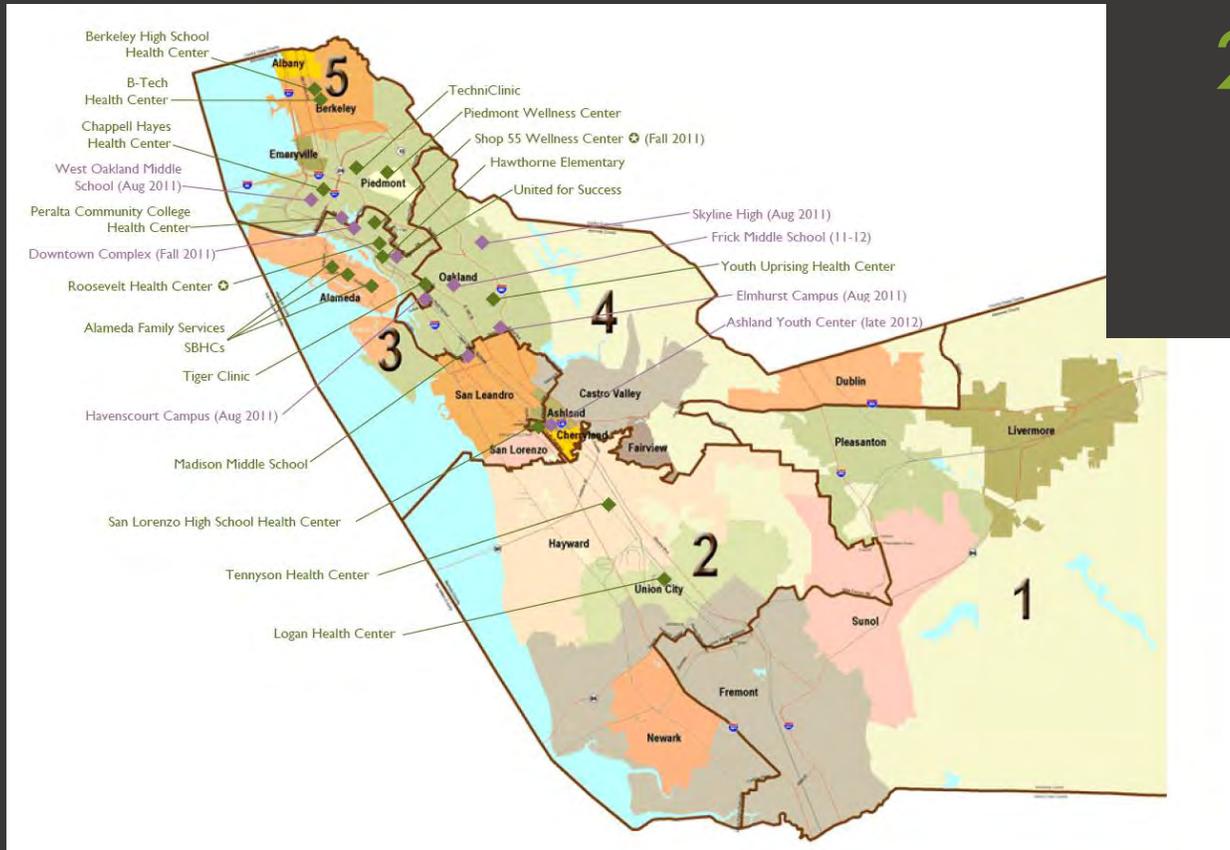
## 29 School Health Centers

# 2014



# Alameda County 29 School Health Centers

# 2014



TODAY THERE ARE 200 SCHOOL BASED  
BEHAVIORAL HEALTH PROGRAMS IN  
ALAMEDA COUNTY

We learned a lot.

We're very proud of what we did.

But we didn't fundamentally change  
children's outcomes.

# Reimagining Children's Behavioral Health

What if California children's behavioral health system was reimagined and re-engineered to support the healthy development of all children?

Health Equity

Healthy  
Development

Clinical  
Efficacy

Systems  
Change

# WHAT THIS MEANS

- NEW UNDERSTANDING OF THE NATURE AND SCOPE OF SERVICES
- MATCH DOLLARS AT THE STATE LEVEL VIA IGT AND DRAMATICALLY EXPANDED INVESTMENT
- NEW COLLABORATIVE PURCHASING MODELS ACROSS CHILD SERVING SYSTEMS
- NEW MEASURES OF CHILD WELL BEING
- DRAMATIC EXPANSION OF TRADITIONAL AND NON TRADITIONAL SERVICES AND STRATEGIES

# HOW COULD WE PAY FOR IT?

- The Waiver Strategy
- The Growth Strategy
- State Plan Amendment
- Capitation or Enhanced FMAP
- County Mental Health Plan Capacity Building

# WHAT YOU CAN DO

- SIGN UP at [www.cachildrenstrust.org](http://www.cachildrenstrust.org) and Join our Coalition.
- READ AND SHARE our Policy Briefs.
- REVIEW our Letter to the Governor Elect and SIGN if you can.
- PARTICIPATE on our design teams and co construction convenings
- Support us financially.



The Crisis is Real.  
So Is the Opportunity.

Join us and help reinvent how we  
define, fund, administer, and measure  
the social and emotional health of  
California's Children

# The California Children's Trust Initiative: Reimagining Child Well-Being

November 2018

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California  
Children's  
Trust

CH1LDREN NOW

# Reimagining Well-Being for California’s Children

Whether measured against developmental benchmarks, epidemiological estimates of the prevalence of need, or the timeliness of access to quality interventions, California’s child-serving systems are failing to support healthy development, alleviate suffering, and unlock the potential of individual children and youth<sup>1</sup>. There is an immediate need for systems change to redefine the scope and nature of behavioral health—including the procurement, financing, and delivery mechanisms that translate healthcare coverage and policy into actual services and supports for children’s social, emotional, and developmental health. While the challenge is stark, the current moment is defined by extraordinary possibility.

**The California Children’s Trust (CCT)** is a broad-based initiative to capture unique opportunities in the state to conceive, fund, administer, deliver, and measure a comprehensive system of social, emotional, and behavioral health supports to all of California’s children. The Trust aims to bring existing groups together under a shared agenda to:

**CONCEIVE:** Shift from a reactive, pathology-oriented behavioral health infrastructure to one that integrates proactive, preventative approaches to advancing child well-being

**FUND:** Leverage and create mechanisms to finance a more expansive and responsive array of behavioral health services and supports

**ADMINISTER:** Simplify and integrate behavioral health administration and funding

**DELIVER:** Expand access to a broad array of supports that allow children’s and families’ needs—not simply their diagnoses—to drive system quality, delivery and utilization

**MEASURE:** Create shared child well-being outcomes and systems of measurement to increase accountability and coordination across child-serving systems

This brief reviews the history and complexity of California’s policies related to the delivery of children’s behavioral health services, highlighting the limitations of existing approaches. It focuses on the current performance and most significant challenges facing California’s mental health delivery system for children and outlines new fiscal and programmatic opportunities for the state to improve child well-being.

## CCT Definition of Terms

**Behavioral Health Supports:** clinical and non-clinical interventions that support children’s social, emotional, mental, developmental and cognitive health and prevent and treat substance use disorders.

**Child Health Equity:** Child health is equitable and just when every child has a fair and intergenerational opportunity to attain their full health and developmental potential, free from discrimination.

**Child Well-Being:** Refers to the health of the whole child and includes physical health and safety; psychological, social, emotional, and cognitive development; and educational achievement.

## Who is responsible for child well-being in California?

In California, multiple public systems share responsibility for ensuring the mental and behavioral health needs of children and youth are met. This includes, but is not limited to: Department of Social Services (DSS), Department of Health Care Services (DHCS), California Department of Education (CDE), Department of Developmental Disabilities (DDS), Department of Juvenile Justice (DJJ), First 5, Department of Managed Health Care (DMHC), and the Department of Public Health (DPH). These agencies, plus the departments of 58 counties implement programs to address aspects of child well-being. However, each agency has different rules guiding what they can pay for, different definitions and measurements for child well-being, and difficulties sharing interagency information, resulting in a lack of accountability to each other, and to the children and families they serve.

The largest payer of mental health services, Medicaid (Medicaid and the Children’s Health Insurance Program are combined to be “Medi-Cal” in California) provides services to children through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. EPSDT requires that states provide youth under the age of 21 with all the medically necessary services to “correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services.”<sup>2</sup> While “medical necessity” under EPSDT is defined broadly, until recently California state law included a confusing definition that resulted in more restrictive applications of the broad federal standard.

As a result, many California children have not been deemed eligible to receive crucial services.

## How are children doing?

### CHILDREN ACROSS CALIFORNIA ARE NOT GETTING THE SUPPORT THEY NEED.

This is in part because the current mental health system does not account for exposures to poverty, racism, or adverse childhood experiences in how it assesses behavioral health needs, dispenses behavioral health supports and services, or defines behavioral health outcomes. That means the gap between children who would benefit from a behavioral health support, including prevention, and those who receive a behavioral health support is large.

Current estimates suggest 7-8% of California's children have a serious emotional disorder and Black and Latino children and children who live below the federal poverty line have the highest rates, ranging from 8-10%.<sup>3</sup> Yet, fewer than 5% of youth eligible for specialty mental health services (SMHS) under Medi-Cal receive a service, and less than 3% receive ongoing services<sup>4</sup>. What is more, these estimates do not account for children who are at risk of other social, emotional, or behavioral impairments, or who may benefit from a support other than a specialty mental health service, including the more than 60% of California's children exposed to at least one adverse childhood event.<sup>5</sup>

Troubling access disparities also exist across the state, as the regions with the greatest need also have the fewest providers<sup>6</sup> and the populations with the greatest need face continued access challenges. For example, in some California counties, only 33% of children in foster care receive any SMHS, and statewide only 50% receive such a service.

### ALL CALIFORNIA CHILDREN SHOULD RECEIVE DEVELOPMENTAL SCREENINGS THAT ARE CRITICAL TO EARLY INTERVENTION.

- About **25% of California children are at risk for developmental, behavioral or social delays.**<sup>7</sup>

- Only **22% of California parents report that their child received a developmental screening** during a pediatric well child visit, and Black, Latino and Asian children have the lowest screening rates largely because fewer providers ask these families about their child's development.<sup>8</sup>

### RATES OF YOUTH MENTAL ILLNESS, SUICIDALITY, AND SUBSTANCE USE ARE ON THE RISE.

- The rate of **mental health-related hospitalizations for youth in California has increased 50%** since 2007.<sup>9</sup>

- Nationally, inpatient visits for **suicide, suicidal ideation, and self-injury increased by 104%** for children ages 1 to 17 years, and by 151% for children ages 10 to 14 years between 2006-2011.<sup>12</sup>

- The rate of self-reported **mental health needs among California adolescents has increased by 61%** since 2005.<sup>10</sup>

- Nationally, **70% of youth involved in juvenile justice have a diagnosable mental illness.**<sup>13</sup>

- Substance use and abuse starts early—by 11th grade, **half of all California students have used alcohol or drugs and over 10% report heavy use.**<sup>15</sup>

- Nationally, since 2005, there has been a **30% increase in suicide rates, including a 200% increase among girls 10-14.** Suicide is now the second leading cause of death for all youth and young adults 10-24.<sup>11</sup>

- Over **30% of California adolescents report feelings of depression and over 10% have considered suicide,** with Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and LGBTQ students reporting dramatically higher rates.<sup>14</sup>

## The Evolution of California's Mental Health Policies and Financing

The mental health system is a product of its history—a history that reflects changing values and inconsistent financial commitments. After the closure of its state psychiatric hospitals, California shifted to treating individuals in the community. The following timeline shows the foundational national and state legislative programmatic and fiscal changes that have shaped children's behavioral health care in California for over six decades:

# The Evolution of California's Mental Health Policies and Financing

Events in blue represent law suits.

- **Pre-1957-State Hospitals**—state funding for mental health services was concentrated on eight state hospitals that served approximately 36,000 mental health patients, including children.
- **1957- Short-Doyle Act**—established that mental illness could and should be treated in the community.
- **1965-Medicare and Medicaid amendments to the Social Security Act**—Medicaid allows states to receive a federal match on certain healthcare expenses for covered individuals. The federal government had the authority to waive certain provisions of Medicaid law to give states flexibility to meet the goals of their Medicaid programs. For example:
  - Section 1115(a) of the Social Security Act gave states the ability to plan, negotiate, and implement experimental, pilot, or demonstration projects that promote the objectives of Medicaid and the Children's Health Insurance Program (CHIP).<sup>16</sup>
  - Section 1915(b) of the Social Security Act gave states the ability to restrict enrollees' freedom of choice.
- **1968-Lanterman-Petris-Short Act**—established that for an individual to be involuntarily committed to an institution, a judicial hearing must first be held to ensure their rights were not being circumvented. LPS also required that most counties<sup>17</sup> implement mental health programs.
- **1978-Proposition 13**—capped property taxes across the state, decreasing government revenues dramatically and impacting locally-delivered programs, including community mental health services.
- **1984-AB 3632**—required counties to provide students with disabilities, as designated by their Individualized Educational Plan, any necessary mental health services.
- **In 1995-1915(b) Waiver**—California uses its Section 1915 (b) waiver to implement its Specialty Mental Health Services program (SMHS) through Local Mental Health Plans.<sup>18</sup>
- **1991- The California Realignment Act**—required counties to take on new responsibilities for mental health, social service, and health programs and in exchange, counties received a dedicated funding stream from the state.<sup>19</sup>
- **1998-Healthy Families Program (HFP)**—created California's children's health coverage program, expanded eligibility for the existing Access for Infants and Mothers (AIM) program, and expanded Medi-Cal's Federal Poverty Level for children.
- **1995-TL v Belshe**—**resulted in funding to ensure compliance with and implementation of an expanded EPSDT mental health services benefit with counties assuming responsibility for service provision.**
- **2000-AB 88**—California's mental health parity law required health plans to provide coverage for the diagnosis and treatment of severe mental illness of a person of any age and for the serious emotional disturbances of a child under the same terms and conditions applied to all other covered medical conditions.
- **2001-Emily Q v. Belshe**—**resulted in the creation of a new type of intensive mental health service for children called therapeutic behavioral services**
- **2003-Proposition 63 (the Mental Health Services Act or MHSA)**—imposed a 1% tax on those who report income of at least \$1 million, and directs revenues to fund programs focused on prevention and early intervention, workforce development, technology, and treatment.
- **2008-The Mental Health Parity and Addiction Equity Act**—required health insurers, including Medi-Cal Managed Care plans, to provide the same level of benefits for mental and/or substance use treatment and services that they do for medical/surgical care.
- **2010-Patient Protection and Affordable Care Act**—established reforms including that children cannot be denied coverage for pre-existing conditions.<sup>20</sup>
- **2011 Realignment**—While similar to 1991 realignment, 2011 realignment moved some juvenile justice responsibility from the state to counties and increased funding for community mental health.
- **2011-AB 114**—rendered AB 3632 inoperative and transferred that funding to California school districts requiring them to assume responsibility for ensuring that students with qualifying disabilities, as designated by their Individualized Educational Plan, be offered the mental health services necessary to benefit from their educational programs.
- **2011 Katie A. v. Bontà**—**required statewide implementation of new home and community-based mental health services to meet the mental health needs of youth in foster care and those at risk of removal from their families. The state later clarified that these services are available to all Medi-Cal eligible children who meet medical necessity for the services (not just foster children or those at risk of removal).**
- **2013-HFP Ends**—eliminated the HFP and AIM: children covered by these programs were absorbed into Medi-Cal, resulting in more children being eligible for the EPSDT benefit.<sup>21</sup>
- **2015 Continuum of Care Reform**—overhauled California's child welfare system to reduce the state's dependence on institutional care and ensure that all foster children are raised in stable family homes.<sup>22</sup>
- **2018-SB 1287**—clarified the state's definition of "medical necessity" under EPSDT to align with the broader federal definition.

# The Time for Change is Now

California's current patchwork of policies, siloed funding streams, lack of coordination among agencies and levels of government, burdensome administrative complexity, and diagnosis-driven treatment models hinder California's state and local systems from delivering on the promise of child well-being. **California can and must do better for children.**

Advocates, families, and policymakers agree that it will take dramatic changes to establish a stronger foundation for the health of all Californians. Policymakers are now in a position to understand the science behind the persistence of negative health outcomes across generations and populations, the drivers and implications of health inequities, and the need for a new approach. Today, the current confluence of financial, programmatic, and administrative opportunities make now the right time to reimagine how to create a responsive continuum of services to improve the well-being of California's children.

**Financial Opportunities.** Federal Medicaid waivers draw billions in federal matching funds into the Medi-Cal program. Both California's 1115(a) and 1915(b) waivers were approved for a five-year term in 2015 and are up for renewal in 2020. This impending negotiation provides an opportunity for the state to revisit and restructure the financing and delivery system of behavioral health services. Additionally, the Medi-Cal program provides the state with federal matching funds for allowable expenditures. By maximizing qualified expenditures, the state can generate significant additional federal funds.

Despite amassing approximately \$2 billion in annual revenue, the MHSA has not yet significantly transformed children's mental health outcomes and child well-being. There are approximately \$230 million in MHSA revenues stored in county accounts, which may be subject to reversion to the state. These unspent dollars demonstrate the need for new strategies and present an opportunity to create a system that could more efficiently and effectively deploy resources.

Finally, as the economy continues to thrive, California can expect continued growth in 2011 Realignment revenues, a portion of which counties are required to use to fund children's programs.<sup>23</sup>

**Programmatic Opportunities.** There have been multiple recent attempts at reform to better address child wellness. Programs like the Department of Health Care Services' Care Coordination Assessment project and the Whole Person Care Initiative show a strong desire to address the multiple needs of adults and children. Additionally, California's education system has begun to focus on the whole child, seeking to provide students the skills they need to set and achieve positive goals, maintain positive relationships, feel and show empathy for others, and make responsible decisions. With Continuum of Care Reform, the state seeks to revamp the way foster youth receive care, including mental health supports. Unfortunately, most of these efforts are distinct and uncoordinated, and could benefit from stronger, more effective partnership and shared accountability across agencies.

**Workforce Development Opportunities.** California continues to struggle with providing a consistent and adequate pipeline of doctors, nurses, behavioral health providers, community health workers, resource navigators and public health professionals who are trained to support child well-being, particularly in underserved, rural, and ethnically and linguistically diverse communities. Peer-based, caregiver led, and community-oriented models of support have the ability to expand our workforce. The California Children's Trust sees an opportunity to employ new strategies to ensure that a broader workforce can better meet the needs of California's diverse population.

## Conclusion

California is facing a crisis in the health and welfare of children, just as current science highlights the need to focus holistically on social, emotional, and developmental well-being. Behavioral health is a tool that supports healthy development and is a means to achieve health equity. Effective behavioral health services must provide the supports that children and their families need to heal, be resilient, and thrive.

The California Children's Trust presents a unique collaborative opportunity to redesign the current system through policy, programs, and fiscal reforms. A new system will ensure that all California's children are safe, educated, and healthy, with a sense of purpose and belonging and the opportunity to achieve their aspirations.

## About California Children's Trust

The California Children's Trust is committed to working together to reinvent our state's approach to children's social, emotional, and developmental health. We are a statewide initiative that seeks to improve child well-being through policy and systems reform. Learn more at [www.cachildrenstrust.org](http://www.cachildrenstrust.org)



## About Children Now

Children Now is dedicated to ensuring every California child, regardless of race or socioeconomic status, can reach his or her full potential. The organization conducts nonpartisan, whole-child research, policy development, and advocacy to improve children's health, education, and well-being in California. Learn more at [www.childrennow.org](http://www.childrennow.org).

**CHILDREN NOW**

## Acknowledgments

We would like to acknowledge the California Children's Trust Steering Committee, California Children's Trust partners and coalition members who have contributed as thought partners to this initiative.

## Endnotes

1. In this brief, when we say children we are referring to children, youth, adolescents and transitional age youth.
2. EPSDT- A Guide for States: Coverage in the Medicaid benefit for Children and Adolescents. Center for Medicare and Medicaid Services. Retrieved from [https://www.medicare.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicare.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf)
3. California Healthcare Foundation. Mental Health in California: For too many, Care Not There. March 2018. Available at: <https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCA2018QRG.pdf>
4. Department of Health Care Services. Performance Outcomes and System Reports and Measures. March 2018. Retrieved from <https://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx>
5. Let's Get Health California. Healthy Beginnings + Reducing Adverse Childhood Experiences. 2015. Retrieved from <https://letsgethelathy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences/>
6. California Healthcare Foundation. Mental Health in California: For too many, Care Not There. March 2018. Retrieved from <https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCA2018QRG.pdf>
7. Children Now. 2018 California Children's Report Card. Retrieved from [https://www.childrennow.org/files/9015/1975/3343/RC18\\_FINALOnlineSPR.compressed.pdf](https://www.childrennow.org/files/9015/1975/3343/RC18_FINALOnlineSPR.compressed.pdf)
8. Children Now. 2018 California Children's Report Card. Retrieved from [https://www.childrennow.org/files/9015/1975/3343/RC18\\_FINALOnlineSPR.compressed.pdf](https://www.childrennow.org/files/9015/1975/3343/RC18_FINALOnlineSPR.compressed.pdf)
9. California Office of Statewide Health Planning and Development special tabulation; California Dept. of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 2000-2009; Population Reference Bureau, Population Estimates 2010-2016 (Aug. 2017).
10. California Health Care Foundation. California Health Care Almanac. March 2018. Retrieved from <https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf>
11. Centers for Disease Control Prevention. Suicide rising across the US. Retrieve from <https://www.cdc.gov/vitalsigns/suicide/index.html>
12. Torio, et.al. 2015. Annual Report on Health Care for Children and Youth in the United States: National Estimates of Cost, Utilization and Expenditures for Children With Mental Health Conditions. Academic Pediatrics, Vol. 15 No. 1.
13. National Alliance on Mental Illness. Juvenile Justice. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Juvenile-Justice>
14. Austin, G., Polik, J., Hanson, T., & Zheng, C. (2018). School climate, substance use, and student well-being in California, 2015-17. Results of the Sixteenth Biennial Statewide Student Survey, Grades 7, 9, and 11. San Francisco: WestEd.
15. California Health Care Foundation. California Health Care Almanac. October 2018. Retrieved from <https://www.chcf.org/wp-content/uploads/2018/09/SubstanceUseDisorderAlmanac2018.pdf>
16. Antonisse, Larisa, Hall, Cornelia, Hinton, Elizabeth, Musumeci, MaryBeth, Rudowitz, Robin. Section 1115 Medicaid Demonstration Waivers: The Current Landscape of Approved and Pending Waivers September 2018 Retrieved from <https://www.kff.org/medicaid/issue-brief/section-1115-medicaid-demonstration-waivers-the-current-landscape-of-approved-and-pending-waivers/>
17. Only counties with more than 100,000 residents were required to provide mental health services
18. California Health Care Foundation. March 2000. Medicaid Waivers: California's Use of a Federal Option. Retrieved from <https://www.chcf.org/wp-content/uploads/2017/12/PDF-medicaidwaivers.pdf>
19. California Welfare Directors Association. 1991 Realignment. [http://www.cwda.org/sites/main/files/file-attachments/1991\\_realignment\\_hot\\_topic-feb\\_2017\\_meeting.pdf](http://www.cwda.org/sites/main/files/file-attachments/1991_realignment_hot_topic-feb_2017_meeting.pdf)
20. Arguello, Rachel, Artiga, Samantha, Rudowitz, Robin. Kaiser Family Foundation. March 2014. Children's Health Coverage: Medicaid, CHIP and the ACA Retrieved from [https://kaiserfamilyfoundation.files.wordpress.com/2014/03/8570-children\\_s-health-coverage-medicare-chip-and-the-aca1.pdf](https://kaiserfamilyfoundation.files.wordpress.com/2014/03/8570-children_s-health-coverage-medicare-chip-and-the-aca1.pdf)
21. Department of Health Care Services. Medi-Cal's Children's Health Insurance Program (CHIP) Population. October 2017. Retrieved from [https://www.dhcs.ca.gov/dataandstats/statistics/Documents/CHIP\\_Paper\\_FINAL-ADA.pdf](https://www.dhcs.ca.gov/dataandstats/statistics/Documents/CHIP_Paper_FINAL-ADA.pdf)
22. Children Now. Continuum of Care Reform: 10 Key Components of Implementation. March 2017. Retrieved from [https://www.childrennow.org/files/9514/8892/6870/CN-CCR\\_Factsheet.pdf](https://www.childrennow.org/files/9514/8892/6870/CN-CCR_Factsheet.pdf)
23. California Institute for Behavioral Health Solutions. California Community Mental Health Revenue Update. June 2017. Retrieved from [https://www.cibhs.org/sites/main/files/file-attachments/mon-215-public\\_behavioral\\_health\\_financing-presentation\\_1.pdf](https://www.cibhs.org/sites/main/files/file-attachments/mon-215-public_behavioral_health_financing-presentation_1.pdf)

## **Juvenile Law: Mental Health Services Act Funding and History**

### **Annual Agenda Item:**

#### **Item 21: Consider Mental Health Issues Implementation Task Force Referrals**

Coordinate with Judicial Council staff and other advisory committees on developing and implementing recommendations to improve access and procedures in mental health proceedings, including review and consideration of implementation of select recommendations referred by the Judicial Council following the task force's final report to the council. Recommend appropriate action within the committee's purview.

### **Background:**

The [Mental Health Services Act](#) (MHSA), which passed in November 2004 and imposes a 1% income tax on personal income in excess of \$1 million, has been an area of focus for the MHSOAC. The act increased funding, personnel and other resources to support local and state mental health programs and required counties to create three year program and expenditure plans, as well as annual updates on MHSA programs and expenditures. Plans and annual updates must be adopted by the county Board of Supervisors and submitted to the MHSOAC. Funding is available to address five areas of interest. Community Services and supports, prevention and early intervention, innovation, workforce education and training, and capital facilities and technology needs. An update on how the funding is being used, as well as funding sources that are underutilized, will be presented.

An overview of implementation of the task force's recommendations and current priorities will also be provided.

## Proposition 63: Mental Health Services Act

### **The Mental Health Services Act (MHSA)**

The MHSA (Proposition 63), passed by voters in 2004, is funded through a 1 percent tax on personal income over \$1 million and provides funding to expand community mental health services. These dollars are divided among counties and used to address mental health throughout the state, with a primary focus on prevention, treatment and innovation.

### **Who Can Access MHSA Funds**

Local courts in collaboration with any stakeholder may access MHSA funding through the County's local community program planning process for all MHSA funding. It is important to build strong relationships between the court (i.e. judge) and behavioral health department (i.e. director) to leverage MHSA funding.

**MHSOAC Fiscal Reporting Tool:** Counties receive approximately \$2 billion annually in State support for MHSA programs. This tool displays information about funding and expenditures by County Mental Health/Behavioral Health departments in programs under the MHSA:

<http://mhsoc.ca.gov/fiscal-reporting>

<b>MHSA Five Components</b>
1. Community Services & Support
2. Capital Facilities & Technological Needs
3. Workforce Education & Training
4. Prevention & Early Intervention
5. Innovation Projects

**MHSOAC:** <http://mhsoc.ca.gov/>

### **1. Community Services & Support (CSS)**

CSS is the largest component of the MHSA. Funds are intended for the most severely mentally ill individuals and may use local partnerships to provide wraparound services to fully meet consumers' needs.

### **2. Capital Facilities and Technological Needs (CFTN)**

The CFTN component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer-

support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate high quality and cost-effective services and supports for clients and their families.

### **3. Workforce Education & Training (WET)**

WET funds are allocated to develop a diverse workforce. Clients and families/caregivers are given skills training to promote wellness and positive mental health outcomes, delivering client and family-driven services, conducting outreach to unserved and underserved populations. These services are linguistically and culturally centered (including viewpoints and expertise) towards clients and their families/caregivers.

**4. Prevention and Early Intervention (PEI):** Funds are allocated to provide programs that focus on early responses to emerging mental health needs - before becoming severe and disabling. All counties (except populations less than 100,000) must spend 51% of PEI funds to serve individuals 25 years old or younger.

**5. Innovation (INN):** INN funds are intended for innovative projects that improve access to mental health care. Goals of innovation projects include increasing: access to underserved groups, quality of services or better outcomes, access to services, and promotion of interagency collaboration.



**Questions: Contact the Judicial Council at [CollaborativeJustice@jud.ca.gov](mailto:CollaborativeJustice@jud.ca.gov)**

## Accessing Mental Health Service Act Funds Innovation Projects

### Innovation Definition

INN projects are new mental health approaches that help improve statewide learning. Projects are developed in conjunction with a county's local community planning process to help meet the needs of each community, especially underserved or unserved groups. The primary focus of an INN project is to test new mental health concepts and models.

**Follow the MHSOAC links below to access the INN Toolkit with recommended Application Templates:**

[Click here for Innovation Toolkit](#)

[Click here for Innovative Project Plan Recommended Template](#)

### Community Planning

All Innovation projects are planned through a community planning process (Counties use the community planning process to determine how best to improve programs and utilize MHSOAC funds that may become available for each component.)

County MHSOAC Websites: Contain helpful information including the County's 3 Year Plan, Annual MHSOAC Revenue and Expenditure Report, Community Planning Meetings/Dates, and Announcements.

### Partnerships

Mental Health Boards, Behavioral Health Directors and Board of Supervisors (or Governing Body) play a significant role in the local approval process of Innovation projects.

Counties must complete the following 3 steps for Innovation project plans before submission to the MHSOAC:

1. Conduct 30-day public review of INN Project Proposal;
2. Local Mental Health Board Hearing; and
3. Board of Supervisors approval

Visit the website links below for information about Local Health Boards and Behavioral Health Directors:

- California Association of Local Health Boards: <http://www.calbhbc.com/mhsa-plans--updates.html>
- County Behavioral Health Directors Association of California: <https://www.cbhda.org/>

### Review Process

- Commission staff reviews if proposal meets regulatory requirements (Technical Assistance may be offered).
- If regulatory requirements have been met, County will be calendared.
- Commission staff completes staff analysis.
- Commission staff works in coordination with the County to obtain presentation materials in preparation for their presentation to the Commission.
- Upon approval by the Commission, Staff mails approval letter to the County.



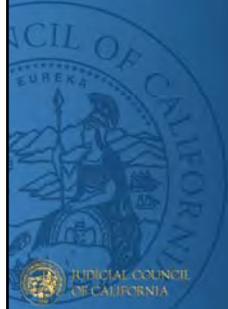
**Please click the links below to view an inventory of funded Innovation Projects:**

[Click here for Innovation Projects - FY 2016-17](#)

[Click here for Innovation Projects - FY 2017-18](#)



## Family and Juvenile Law Advisory Committee



### Mental Health Projects

- Prop. 63: Mental Health Services Act Funding
- Mental Health Issues Implementation Task Force Recommendations
- AB -1214 Juvenile Competency

Tareq Nazamy, Senior Analyst,  
Center for Families, Children & the Courts,  
Judicial Council of California

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## Prop. 63: Mental Health Services Act (MHSA)



- Imposes 1 % tax on personal income over \$1 million to fund expansion of community mental health services.
- Primary focus for spending on prevention, treatment and innovation.
- Local courts in collaboration with any stakeholder may access MHSA funding through the County's local community program planning process for all MHSA funding

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## MHSA Five Components



1. Community Services & Support
2. Capital Facilities & Technological Needs
3. Workforce Education & Training
4. Prevention & Early Intervention
5. Innovation Projects

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### Innovation Projects

Innovation (INN): INN funds are intended for innovative projects that improve access to mental health care. Goals of innovation projects include increasing: access to underserved groups, quality of services or better outcomes, access to services, and promotion of interagency collaboration.



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### Innovation Projects

- Community Planning
- Partnerships
- Local Approval Process
- Mental Health Services Oversight & Accountability Commission (MHSOAC)



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### Mental Health Issues Implementation Task Force Recommendations

#### 6 Categories:

- Coordination
- Competency
- Community Corrections
- Juvenile
- Education
- Research & Data



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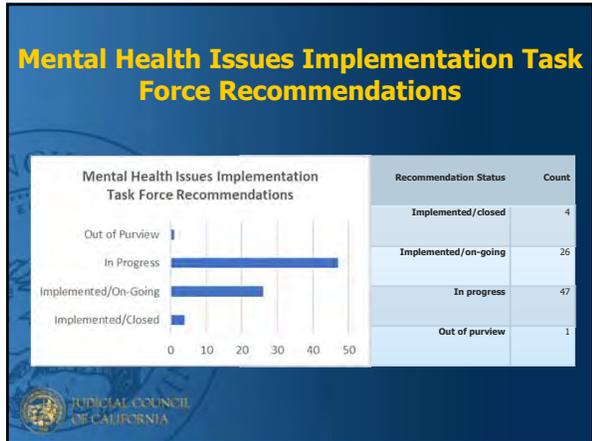
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### Mental Health Issues Implementation Task Force Recommendations

*In Progress (Featured Projects)*

90. Develop protocols for obtaining information regarding a child's mental health diagnosis and medical history.

- CFCC Staff, in collaboration with the Collaborative Courts Advisory Committee, is developing training resources for judges and attorneys that provide background on the indicated use of and the effects of psychotropic medications on children, as well as what to look out for.
- CFCC Staff has developed a webinar that details the court process when there is a request to prescribe psychotropic medication to a foster youth.

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### Mental Health Issues Implementation Task Force Recommendations

92. Each court should have informational and educational resources for juveniles and their families to learn about juveniles' rights, resources available, and how to qualify for services and benefits as they relate to issues of mental health.

- CFCC staff in collaboration with the National Center on Youth Law (NCYL) is developing a Keeping Kids In School (KKIS) Bench Guide:  
Mental Health (Dependency and Youth Justice).

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### Mental Health Issues Implementation Task Force Recommendations

- 96. Existing legislation should be modified or new legislation should be created to refine definitions of competency to stand trial for juveniles in delinquency matters and outline legal procedures and processes. EBP should be used.

AB 1214 amends Section 712 of, and to repeal and add Section 709 of, the Welfare and Institutions Code, relating to juveniles.



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### Mental Health Issues Implementation Task Force Recommendations

AB -124 Juvenile Competency

Family and Juvenile Law Advisory Committee and Collaborative Justice Advisory Committee members are working on AB 1214 implementation which charges the Judicial Council, in conjunction with groups or individuals to adopt a rule of court:

1. Identifying the training and experience needed for an expert to be competent in forensic evaluations of juveniles.
2. Develop and adopt rules for the implementation of the other requirements in the subdivision.



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### Mental Health Issues Implementation Task Force: Next Steps

- Questions/comments on implementation of the recommendations discussed?
- Next steps: other recommendations that this committee would like the task force to undertake



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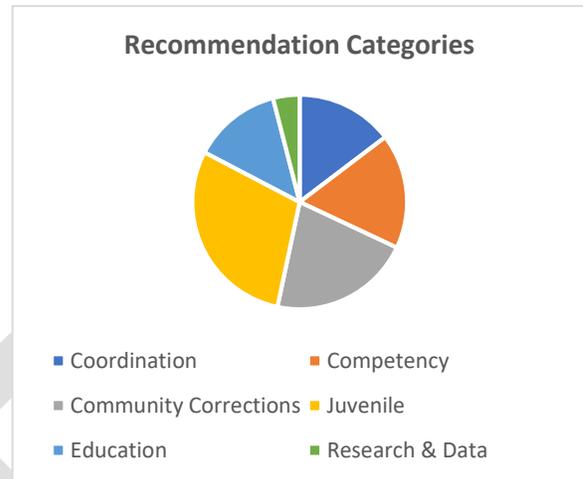
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# Mental Health Issues Implementation Task Force Recommendations

## Project Summary:

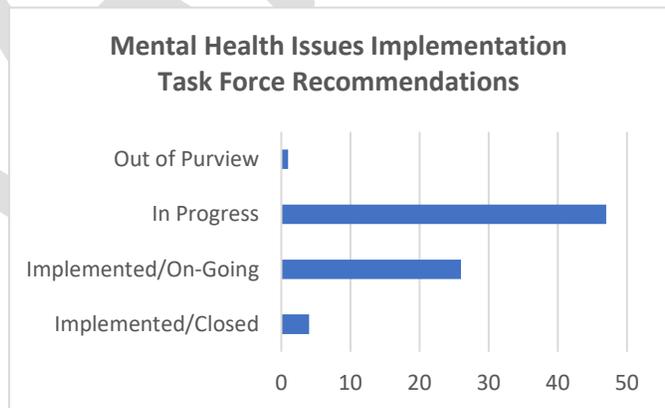
The Mental Health Issues Implementation Task Force (MHIITF) recommendations Final Report published in 2015 intended to advance the following objectives:

1. Help improve practices and procedures in cases involving adult and juvenile offenders with mental illness;
2. Ensure the fair and expeditious administration of justice; and
3. Promote improved access to treatment for defendants with mental illness in the criminal justice system.



Passage of the Affordable Care Act, California’s Drug Medi-Cal Organized Delivery System (ODS), and the evolving criminal justice landscape leads our group to revisit, discuss, and adjust some of our strategies related to the MHIITF recommendations. The chart above divides the MHIITF recommendations into 6 categories: Coordination (recommendations #1-23), Competency (#24-39), Community Corrections (Probation/Parole #55-84), Juvenile (#88-113), Education (#114-130), Research & Data (#131-134).

The Summary to the right provides a snapshot of the overall progress made and illustrates on-going efforts in meeting the MHIITF recommendations.



## Implemented/closed recommendations

17. Develop teaching tool on how MH should guide case processing.

31. Amend CRC 4.130(d)(2) to include additional information in the court-appointed expert report about competency

35. Encourage courts to reopen a finding of incompetence to stand trial when new evidence is presented that the person is no longer incompetent. If the defendant is deemed competent he or she should not be transferred to a state hospital.

Recommendation Status	Count
Implemented/closed	4
Implemented/on-going	26
In progress	47
Out of purview	1

96. Existing legislation should be modified or new legislation should be created to refine definitions of competency to stand trial for juveniles in delinquency matters and outline legal procedures and processes. EBP should be used.

## Implemented/on-going recommendations

### Coordination

1a. Address community coordination in collaborative justice (Adult Crim. MH).

13. Mental health (MH) protocols/information sharing.

17. Develop teaching tool on how MH should guide case processing.

*RUPRO item on juvenile meds approved for 30 days.*

20. Education around and best practice for JOs to consider direct input from victims in cases involving defendants with mental illness.

### Competency

24. Coordination between conservatorship and criminal proceedings with a single court designated to handle.

Partly implemented through AB 2190 (Stats. 2014, ch. 734), which amended section 5354 of the Welfare and Institutions Code to require a public conservatorship investigator to submit a copy of a report of the court-ordered evaluation of a criminal defendant

Senate Bill 684 Mental Health: involuntary commitment : An act to amend Sections 1368.1 and 1370 of the Penal Code, and to amend Section 5008 of the Welfare and Institutions Code, relating to criminal trial. This bill provides the criminal court with legal options for a defendant living with mental illness who has been declared incompetent to stand trial and his or her competence has not been restored within the permitted period of time. See link below:

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201720180SB684](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB684)

32. Collaborate with partners to resolve issues of mutual concern re: IST defendants

### Community Corrections

64. Probationers and parolees with mental illness or co-occurring disorders should receive MH and SA treatment that is considered an evidence based or promising practice.

65. JOs should avoid fixed sentences that mandate state prison for probation violations for offenders with MI.

66. Judicial officers hearing probation violations and Board of Parole Hearings commissioners should consider the discharge plan, seriousness of crime and MH treatment progress, using alternatives to reincarceration where appropriate.

67. Use specialized reentry courts based on collaborative justice principles

90. Develop protocols for obtaining information regarding a child's mental health diagnosis and medical history

## Juvenile

93. Continue to make mental health services available to youth after completion of delinquency system. They should be extended consistent with the extension of services to dependent youth after they turn 18.

94. Improve communication between delinquency and adult criminal justice system to ensure that information regarding juvenile MH treatment is provided if they enter the adult system. Information sharing must be in compliance with HIPAA, et al. When appropriate, treatment should continue in a consistent fashion if a minor transitions into the adult criminal justice system.

107. Education and training related to juvenile development, MH issues, CODs, developmental disabilities, special education, and cultural competency to all judicial officers, probation officers, law enforcement, prosecutors, defense attorneys, court evaluators, school personnel, and social workers.

108. Culturally competent education should be provided to judicial officers, juvenile defense attorneys and prosecutors, court evaluators, probation officers, school personnel, and family members on how to assist juveniles and their families in qualifying for appropriate MH treatment services for youth under the jurisdiction of the juvenile delinquency court.

109. The Judicial Council should disseminate information to the courts regarding evidence-based collaborative programs or services that target juvenile defendants with MI or CODs.

110. The California Courts website should include links to national and international research on collaborative justice and juvenile MH issues.

## Education

114. Funding for education on collaborative justice principles and mental health issues should be sought from local, state, federal, and private sources.

115. The Judicial Council should disseminate to the courts, using advanced technology, information regarding evidence- based collaborative programs or services that target defendants with MI or CODs.

116. The Judicial Council, in collaboration with consumer and family groups, and professional MH organizations, should develop and provide ongoing education for judicial officers, appropriate court staff, and collaborative partners on MH issues.

117. Judicial officers should participate in orientation and ongoing education on MI and best practices for adjudicating cases involving defendants who have a MI or CODs.

118. Ongoing training should be provided to judicial officers and attorneys with assignments in collaborative justice courts on collaborative justice principles and all areas related to defendants with MI or CODs

119. Continuing Legal Education (CLE) courses focusing on MH law and participation by mental health professionals in the criminal process should be developed.

122. Education for Deputy Commissioners of the Board of Parole Hearings on MI and effective methods for addressing violations of supervision conditions by parolees with MI.

## Research and Data

131. Funding for research initiatives outlined in this report should be sought from local, state, federal, and private sources.

### **In Progress (Featured Projects)**

16. Encourage collaborative justice courts for MH issues/local protocols for MH CJ courts.

*CFCC staff is conducting outreach to local CJ and BH stakeholders to compile protocols.*

27. Investigation report to recommend alternatives to conservatorship

*Welfare and Institutions Code section 5354 requires a conservatorship investigator to discuss and recommend alternatives to conservatorship if the report does not recommend conservatorship.*

29. Each court to develop its own panel of experts who demonstrate training and expertise in competency evaluations.

- *A closed meeting was held on November 14, 2017. The committee discussed three rules and forms proposals for circulation for public comment in the winter 2018 comment period.*
- *AB-1214 charges the Judicial Council, in conjunction with groups or individuals to adopt a rule of court identifying the training and experience needed for an expert to be competent in forensic evaluations of juveniles. Also, the Judicial Council is required to develop and adopt rules for the implementation of the other requirements in the subdivision.*

*See Link: [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201720180AB1214](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1214)*

39. Self-help centers to provide information on MH and the courts.

*CFCC staff is developing a list of mental health resources to help assist and inform: 1) Members of the Public; and/or 2) Self-Help Centers or other justice system partners.*

90. Develop protocols for obtaining information regarding a child's mental health diagnosis and medical history.

*F&J has completed RUPRO proposal: provided extensive training and education on juvenile psychotropic medications.*

92. Each court should have informational and educational resources for juveniles and their families to learn about juveniles' rights, resources available, and how to qualify for services and benefits as they relate to issues of mental health.

*CFCC staff in collaboration with the National Center on Youth Law (NCYL) and East Bay Children's Law Offices (ECBLO) is developing the Keeping Kids In School (KKIS) Education Bench Guide.*

- *Education/Trauma (Dependency)*
- *Mental Health (Dependency and Youth Justice)*

96. Existing legislation should be modified or new legislation should be created to refine definitions of competency to stand trial for juveniles in delinquency matters and outline legal procedures and processes. EBP should be used.

**AB 1214 amends Section 712 of, and to repeal and add Section 709 of, the Welfare and Institutions Code, relating to juveniles.**

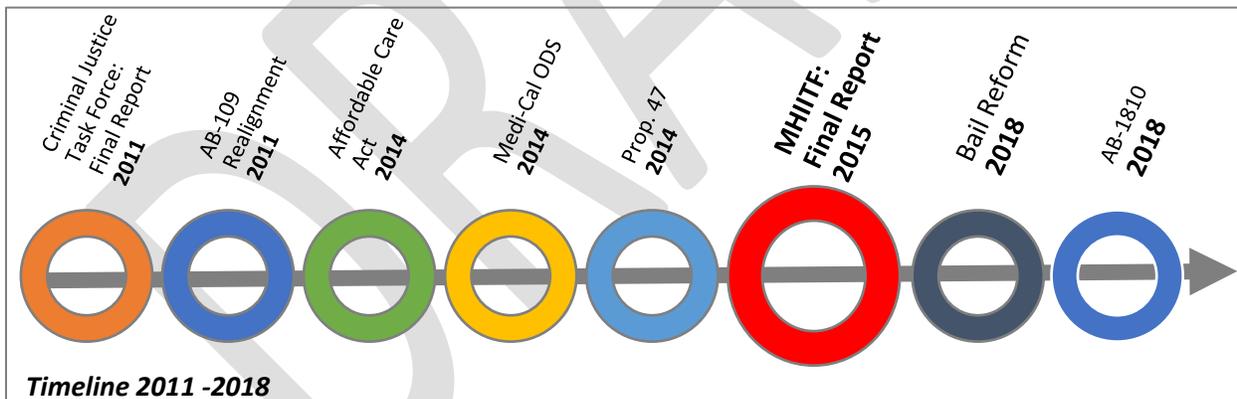
115. The Judicial Council should disseminate to the courts, using advanced technology, information regarding evidence- based collaborative programs or services that target defendants with MI or CODs.

*CJS developing a monthly Behavioral Health and Justice Webinar Series for judges, court employees, collaborative court staff, and partner agencies. The goal of the educational series is to increase the knowledge of courts and justice partners of the intersection between criminal justice and behavioral health in order to address the needs of court users.*

Several significant policy changes have impacted the MHIITF Recommendations and should inform our decisions moving forward:

- AB109 Public Safety Realignment
- Affordable Care Act
- Medi-Cal Organized Delivery System (ODS)
- Proposition 47
- Bail Reform
- AB 1810 Mental Health Diversion

The timeline below illustrates the dramatic changes in legislation and policy over a relatively short period of time since the Judicial Council’s initial [Task Force for Criminal Justice Collaboration on Mental Health Issues: Final Report](#) in April 2011.



### Deferred Recommendations

Deferring until such time resources allow initiation of recommendation, or if out of purview, referring to partner agencies:

1, 14, 15, 18, 37, 38, 55, 56, 57, 58, 59, 61, 62, 64, 66, 71,72, 26, 80, 84, 89, 92, 94, 99, 101, 102, 103, 106, 113, 134

## **Juvenile Law: Children in Foster Care Recommendations**

### **Annual Agenda Item:**

#### **Blue Ribbon Commission on Children in Foster Care (BRC) Recommendations**

Continue to provide Judicial Council members input on council accepted recommendations concerning child welfare made by the BRC.

### **Background:**

The Office of the Administration for Children & Families conducts periodic reviews of every state's child welfare system. These Child & Family Services Reviews (CSFR) seek to ensure compliance with federal child welfare requirements, determine what is happening to children and families engaged in child welfare services, and help states assist families and children in achieving positive results. At the conclusion of the review, the state develops a Program Improvement Plan (PIP) to identify how the state will address areas that need improvement.

The [CSFR](#) for the state of California concluded in 2018 and the resultant [PIP](#) seeks collaboration from this committee on two of the stated goals:

- Engage the Judicial Council's Family and Juvenile Law Advisory Committee...to seek stakeholder input, develop and publish an ACIN that provides guidance to the systems regarding their roles, responsibilities, and share best practices in regard to intersystem collaboration, family engagement, and case planning.
- Engage the Judicial Council's Family and Juvenile Law Advisory Committee through their regular meetings...to seek stakeholder input on the optimum means for counties to make specific request for TPR at the point where termination of reunification services occurs. This includes proposals to modify rules of court and/or court forms.

During the development of the PIP in 2017, the committee considered the second of these two goals - modification of California's termination of parental rights process - and determined that modifications to the optional Judicial Council findings and orders forms would not achieve the intended goal. At this meeting we will revisit that decision and discuss the option of legislative change.

January 23, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY INFORMATION NOTICE NO. I-04-19**

This letter is intended for All County Child Welfare Directors and Chief Probation Officers.  
The purpose of this letter is to disseminate the California Child and Family Services Review Program Improvement Plan 2018.

DRAFT



PAT LEARY  
ACTING DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

January 23, 2019

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-04-19

TO: ALL COUNTY CHILD WELFARE DIRECTORS  
ALL COUNTY CHIEF PROBATION OFFICERS

SUBJECT: **CALIFORNIA CHILD AND FAMILY SERVICES REVIEW  
PROGRAM IMPROVEMENT PLAN 2018**

REFERENCE: [ALL COUNTY LETTER NO. 14-84](#), [45 CFR 1355.35](#), [1355.36](#),  
[1355.55\(a\)](#), [1355.55\(d\)\(4\)](#)

The purpose of this letter is to disseminate the California Child and Family Services Review (CFSR) Program Improvement Plan (PIP).

### **BACKGROUND**

In 2000, the federal government created the CFSR in response to the 1997 Adoption and Safe Families Act (ASFA). The CFSR is conducted by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) in collaboration with each state to assess the state's performance related to child welfare. All states are assessed in the areas of child protection, foster care, adoption, family connections and independent living services. Much of the CFSR looks at outcomes data and other sources to assess each state's ability to achieve safety, permanency, and well-being for children and families. For any of the outcomes or systemic factors in which the state is determined not to be in substantial conformity, the state must develop and implement a PIP designed to correct the area(s) of non-conformity. The determination is made based on the findings of the statewide assessment, onsite review and state data profile in the outcomes and systemic factor areas.

The ACF issued the CFSR Final Report to the California Department of Social Services (CDSS) on January 4, 2017, for the current CFSR Round 3, which includes the onsite review conducted between April 1, 2016, and September 30, 2016. The complete report can be found on the [CDSS Portal](#).

## **CURRENT PIP**

Given areas of non-conformity determined through the statewide assessment, onsite review, and state data profile, the CDSS began a collaborative process with county representatives to develop and receive approval from ACF on the attached CFPSR PIP which was effective July 1, 2018. A key target improvement goal in this PIP includes increasing engagement of children/youth, families, and others in case planning and decision-making processes across the life of the case for safety, permanency and well-being. Other key improvement goals include improving caregiver support strategies, improving the timeliness of investigations to ensure safety of children, and enhancing practices that result in more children/youth permanent homes, stable placements, and connections to communities, culture and important adults.

## **ONGOING MONITORING AND EVALUATION**

The CDSS and ACF have agreed to a semi-annual reporting period to monitor and evaluate the progress and challenges around the implementation and achievement of the PIP strategies, key activities, and improvement goals. The ACF has determined that all assessment of performance and target improvement goals will be based on case review data rather than the traditional quantitative measures used in the past.

The CDSS will continue to monitor performance on both federal and statewide data indicators to provide additional context for the state's continuing work utilizing the California Child and Family Services Review (C-CFSR) Outcomes and Accountability processes. As outlined in the C-CFSR Instruction Manual, CDSS will work with counties to ensure that System Improvement Plan (SIP) strategies and activities are in alignment with state priorities including PIP performance improvement goals. Additional PIP requirements will be addressed within the current C-CFSR cycle.

## **PENALTIES**

On March 22, 2017, ACF notified the CDSS of a statewide penalty of \$17,225,243.00 for Fiscal Year 2016 related to non-conformity with outcome and systemic factor performance. However, ACF is suspending the withholding of funds associated with this penalty during the PIP implementation period and the subsequent period of non-overlapping data (ending June 30, 2021). If it is determined that California has successfully completed its PIP and has reached its target improvement goals during that time, ACF will rescind the withholding of federal funds associated with those respective areas.

ACIN I-04-19  
Page Three

If you have any questions about this letter, please contact Maureen Wimsatt at [Maureen.Wimsatt@dss.ca.gov](mailto:Maureen.Wimsatt@dss.ca.gov) or (916) 651-8099.

Sincerely,

***Original Document Signed By:***

DAVID MCDOWELL, Ph.D.  
Chief, Children's Services Operations and Evaluation Branch  
Children and Family Services Division

Attachment



## JUDICIAL COUNCIL OF CALIFORNIA

520 Capitol Mall, Suite 600 • Sacramento, California 95814-4717  
Telephone 916-323-3121 • Fax 916-323-4347 • TDD 415-865-4272

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### MEMORANDUM

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Date	Action Requested
November 27, 2018	Please review
To	Deadline
Advisory Committee Chairs and Staff	N/A
From	Contact
Hon. Kenneth K. So, Chair	Cory T. Jasperson, Director
Policy Coordination and Liaison Committee	916-323-3121 phone cory.jasperson@jud.ca.gov
Subject	
Deadlines for Judicial Council-Sponsored Legislation	

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As Chair of the Judicial Council's Policy Coordination and Liaison Committee, I am writing to advise you of the timelines and process for developing potential proposals for Judicial Council-sponsored legislation. Each year, the council sponsors bills that seek to improve the administration of justice in California and assist, where needed, in accomplishing branchwide goals and objectives. Judicial Council advisory committees are ideally positioned to identify and develop proposals for statutory change given committee members' extensive subject matter expertise.

In order to meet the deadlines for developing, refining, circulating, and revising proposals for possible Judicial Council-sponsorship in 2020, your committee should be developing proposals in January-February 2019. The timeline for the development of sponsored legislation is attached for your reference.

Judicial Council directive 23 seeks to identify legislative requirements that impose unnecessary reporting or other mandates on the courts and the Judicial Council and make appropriate efforts to repeal such mandates. When considering possible sponsorship proposals, please keep this directive in mind and assist Governmental Affairs in identifying items that should be repealed.

Advisory Committee Chairs and Staff

November 27, 2018

Page 2

Please contact your advisory committee staff, or Cory Jaspersen in Governmental Affairs at 916-323-3121, if you have any questions. Thank you.

KKS/CJ/yc-s

Attachment

## Schedule for Judicial Council–Sponsored Legislation

Action	2019 Deadline
<p><b>Proposal development</b> Advisory committee (AC) staff, in consultation with Governmental Affairs (GA) staff, develops proposals for Judicial Council–sponsored legislation.</p>	<b>Jan.–Feb.</b>
<p><b>Proposals to Governmental Affairs staff</b> AC staff requests Editing and Graphics (EGG) copyediting of draft invitations to comment (ITCs) and forwards final draft ITCs to GA staff for review.</p>	<b>Mar. 8</b>
<p><b>Proposals to Policy Coordination and Liaison Committee (PCLC)</b> GA staff, in consultation with AC staff, finalizes ITCs and submits them to PCLC.</p>	<b>Mar. 27</b>
<p><b>PCLC meeting to review ITCs</b> PCLC determines if proposals may be circulated for public comment.</p>	<b>April 4</b>
<p><b>Posting to the public website</b> GA staff sends approved ITCs to RUPRO staff for posting to the public website for public comment.</p>	<b>Apr. 5</b>
<p><b>Comment period</b> AC staff, in consultation with GA staff, circulates draft Judicial Council–sponsored legislation proposals to interested and affected parties.</p>	<b>Apr. 8–June 7</b>
<p><b>Staff consultation</b> AC staff consults with its committee(s)/subcommittee(s) and then with GA staff regarding responses to comments for further development of proposals for Judicial Council–sponsored legislation.</p>	<b>June 10–Aug. 2</b>
<p><b>Final drafts to Governmental Affairs</b> AC staff submits final drafts to GA staff. Submittal deadline to GA is considered final for action by the Judicial Council in November.</p>	<b>Aug. 9</b>
<p><b>Final proposals for Judicial Council–Sponsorship</b> GA staff sends final proposals to PCLC.</p>	<b>Sept. 13</b>
<p><b>PCLC meeting</b> PCLC meets to review proposals for possible Judicial Council–sponsorship.</p>	<b>Sept. 23 or Sept. 24</b> <i>In-person meeting</i>
<p><b>Judicial Council meeting</b> Judicial Council takes action on proposals for Judicial Council–sponsored legislation for upcoming legislative year.</p>	<b>Nov. 15</b>



# Policy Coordination and Liaison Committee

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ORIENTATION MATERIALS

SEPTEMBER 19, 2018



JUDICIAL COUNCIL  
OF CALIFORNIA

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GOVERNMENTAL AFFAIRS

# Judicial Council of California Governmental Affairs

## Policy Coordination and Liaison Committee Orientation Materials

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## Policy Coordination and Liaison Committee

The role of the Policy Coordination and Liaison Committee (PCLC) is to represent the council before the legislative and executive branches of government, build consensus with stakeholders and individuals outside the branch and coordinate an annual plan for communication and interaction with other agencies and entities.

The charge and duties of the committee, set forth in California Rules of Court, rule 10.12, include the following:

1. Take positions on behalf of the council on pending legislative bills, after evaluating input from the council advisory bodies and the courts, provided that the position is consistent with the council's established policies and precedents.
2. Make recommendations to the council on all proposals for council-sponsored legislation and on an annual legislative agenda after evaluating input from council advisory bodies and the courts.
3. Represent the council's position before the Legislature and other bodies or agencies and acting as liaison with other governmental entities, the bar, the judiciary, and the public regarding council-sponsored legislation, pending legislative bills, and the council's legislative positions and agendas.
4. Build consensus on issues of importance to the judicial branch consistent with the council's strategic plan with entities and individuals outside the branch.
5. Develop an annual plan for communication and interaction with other branches and levels of government, components of the judicial system, the bar, the media, and the public.
6. Direct any advisory committee to provide it with analysis or recommendations on pending or proposed legislation.

### **Voting**

PCLC is made up of both voting members and advisory members of the Judicial Council. California Rule of Court 10.10(e) states that a nonvoting "advisory council member may vote on any internal committee matter unless the committee is taking final action on behalf of the council." Based on Rule 10.10(e) PCLC members may vote as follows:

#### **All members may vote on the following actions:**

- Approval of legislative proposals for Invitation to Comment
- Recommending Judicial Council–sponsorship of legislative proposals
- Recommending adoption of Judicial Council Legislative Priorities

**Only voting members may vote on following actions:\***

- Taking positions on pending legislation
- Approval of proposed Judicial Council–sponsored legislation under urgent circumstances

\*A nonvoting advisory member may raise any item to a vote by making or seconding a motion but may not vote on the item.

Quorum at each meeting is determined by the type of vote being taken.

**Judicial Council Purview**

The Policy Coordination and Liaison Committee will only take action on legislation that is within the Judicial Council purview. The Judicial Council supports the integrity and independence of the judicial branch and seeks to ensure that judicial procedures enhance efficiency and access to the courts. The council generally does not take a position on substantive law or policy. However, the council may take a position on legislation that involve issues central to the council’s mission and goals as stated in the [Judicial Branch’s Strategic Plan](#). The council may also take a position on an apparent issue of substantive law if issues presented directly affect court administration or negatively affect existing judicial services by imposing unrealistic burdens on the judicial branch.

## Judicial Council–Sponsored Legislation Calendar

<b>Month</b>	<b>Judicial Council</b>
January – February	<ul style="list-style-type: none"> <li>• Advisory committees, in consultation with Governmental Affairs staff, develop proposals for council–sponsored legislation.</li> </ul>
March – May	<ul style="list-style-type: none"> <li>• Advisory committee, in consultation with Governmental Affairs staff, circulates draft proposals for council–sponsored legislation to interested and affected parties.</li> </ul>
June	<ul style="list-style-type: none"> <li>• Deadline for public comment on proposed council–sponsored legislation.</li> </ul>
June – August	<ul style="list-style-type: none"> <li>• Advisory committee consults with Governmental Affairs staff regarding responses to comments and further development of proposals for council–sponsored legislation.</li> </ul>
August	<ul style="list-style-type: none"> <li>• Deadline for advisory committee and Governmental Affairs staff to jointly submit finalized draft proposals for council–sponsored legislation to the Policy Coordination and Liaison Committee (PCLC).</li> </ul>
September	<ul style="list-style-type: none"> <li>• PCLC makes recommendations for council action on council–sponsored legislative proposals for upcoming legislative year.</li> </ul>
November	<ul style="list-style-type: none"> <li>• Judicial Council acts on PCLC recommendations for council–sponsored legislation for upcoming legislative year.</li> </ul>

## **Guidelines for Development of Judicial Council–Sponsored Legislation**

This summary describes the typical process the Judicial Council follows when developing and approving proposals for sponsored legislation. It also describes how Governmental Affairs advocates for these proposals in the Legislature. **Because it often takes several months to fully develop a legislative proposal, the process should begin early in the year.** (See the *Judicial Council–Sponsored Legislation Calendar*, at page 5.)

### **I. Judicial Council Process**

#### **A. Sources of Legislative Proposals**

Judicial Council advisory committees are well situated to identify and develop proposals for statutory change. Committee members have extensive expertise in the committee’s subject area and often have ideas for improving statutory law. In addition, advisory committees may receive requests for council–sponsorship of legislative proposals from outside sources.

Suggestions for how an advisory committee may wish to identify proposals for council–sponsored legislation include:

- The advisory committee chair may devote a portion of one or more meetings each year to identifying legislative proposals for the following year’s legislative session.
- The advisory committee may establish a working group or task force composed of committee members responsible for reviewing the relevant codes, or specific subjects or issues within those codes, to identify potential legislation.
- Advisory committees may receive legislative proposals from outside sources. When a person or organization submits a legislative proposal to the Judicial Council, the council may forward the proposal to the appropriate advisory committee and Governmental Affairs staff for consideration.

#### **B. Advisory Committee Process for Developing Proposals**

This section describes the steps an advisory committee takes to develop and review legislative proposals for substantive merit.

1. Assess Viability of Proposal – For each legislative proposal, the advisory committee must take the following actions:
  - The advisory committee, in consultation with Governmental Affairs staff, determines a time frame for consideration of the proposal, keeping in mind

the deadlines for submission of legislative proposals to PCLC (See JC-Sponsored Calendar).

- If the advisory committee rejects a proposal submitted by an outside source, committee staff shall notify the proponent of that action.
  - If the advisory committee accepts or modifies a proposal from an outside source, or decides to recommend sponsorship of an internally generated proposal, the committee proceeds to the next steps.
2. Coordinate with Governmental Affairs – Advisory committee staff should work with Governmental Affairs staff to coordinate work on all aspects of the proposals.
  3. Review and Analyze – Advisory committees review proposals for substantive merit before transmitting them to PCLC. A typical analysis of a proposal should include:
    - A description of the problem to be addressed, including its scope.
    - A description of how the problem affects the judicial branch.
    - A description of the proposed solution.
    - A discussion of any alternative solutions, including an analysis of why the recommended solution is preferable.
    - A discussion of any opposing viewpoints.
    - A description of any foreseeable problems with the proposed solution.
    - Draft language for the proposed legislation.
    - A determination whether the Judicial Council and/or the Legislature should give the proposal urgent consideration and the reasons for this.

Advisory committees should use the worksheet provided on page 17 to assist with this analysis and other important considerations.

4. Evaluate Sponsorship Criteria – Once an advisory committee determines that a particular proposal has merit, the committee should consider certain criteria in assessing whether Judicial Council–sponsorship is appropriate and desirable. Limited resources, competing priorities, and political realities impose practical limitations on the council’s ability to sponsor every

worthwhile legislative proposal presented. The advisory committee and Governmental Affairs should jointly consider each of the following questions:

- Is the proposal within the Judicial Council’s purview?

Council–sponsored measures should involve only those issues that are central to the council’s mission and goals as stated in the [Judicial Branch’s Strategic Plan](#).

- Should the proposal be addressed through the Judicial Council’s rulemaking authority rather than by a change in statute?

The council prefers to implement changes through rules of court wherever appropriate.

- Is the Judicial Council the best sponsor?

The advisory committee and Governmental Affairs staff may determine that a proposal more closely serves the mission or objectives of another organization. A Judicial Council–sponsored proposal should be within purview addressing issues fundamental to the administration of justice and broadly serving the needs of the courts statewide.

- What political factors are associated with the proposal?

Governmental Affairs is responsible for providing advice about the political factors associated with a proposal.

5. Circulate for Comment – If an advisory committee wishes to circulate a proposal for comment, the committee staff consults with Governmental Affairs. If it is determined that the proposal is appropriate for circulation, the committee submits the proposal to PCLC for consideration. With PCLC’s approval, the proposal may be circulated for public comment. After the comment deadline, committee staff and Governmental Affairs jointly review the comments. Advisory committee staff then summarizes and presents the comments to the committee
6. Advisory Committee Action – Upon completion of the review procedures and consideration of the evaluation criteria above, the advisory committee may take one of the following actions:
  - Approve the proposal as submitted.
  - Approve the proposal with modifications.

- Reject the proposal. The advisory committee should inform the source of the proposal of this decision.

If the advisory committee approves the proposal, the committee forwards the proposal to PCLC for consideration. Final proposals must be submitted to PCLC by the August deadline in order to be considered for Judicial Council–sponsorship during the following legislative year. All advisory committee proposals submitted to PCLC are referred to Governmental Affairs, which may prepare a separate analysis and recommendation for PCLC.

### **C. Policy Coordination and Liaison Committee Action**

Each September, PCLC reviews the proposal(s), the advisory committee recommendation(s), and any analyses and recommendations prepared by Governmental Affairs. PCLC may recommend the proposal for Judicial Council–sponsorship and forward it to the Judicial Council, send it back to the advisory committee for further consideration, or take other action as necessary. If PCLC modifies or rejects the proposal, Governmental Affairs will return the proposal to the submitting advisory committee. The advisory committee may either accept PCLC’s recommendation or request that the full council review PCLC’s recommendation. The *Worksheet for Judicial Council Sponsored Legislation* must be completed by the recommending advisory committee staff prior to the September PCLC meeting.

### **D. Judicial Council Action**

Sponsored-legislation proposals are presented by PCLC to the Judicial Council each November for consideration. The Judicial Council reviews the proposals, along with PCLC’s recommendation contained in a report prepared by Governmental Affairs. Once the council approves a proposal, it becomes “sponsored” legislation. If the Judicial Council does not approve a proposal for sponsorship, or takes a different action on the proposal, Governmental Affairs will communicate the action to the submitting advisory committee.

### **E. Delegation of authority to PCLC to sponsor legislative proposals on behalf of the council**

The Judicial Council has delegated to PCLC the authority to sponsor legislative proposals on behalf of the council when time is of the essence. Acting under this delegation, PCLC shall notify the chairs of the Executive and Planning Committee and the Rules and Projects Committee of any PCLC meetings at which such actions will be considered so that they may participate if available. PCLC is also required to notify all other Judicial Council members, if feasible, of the intended action. After acting under this delegation, PCLC is required to notify the Judicial Council of all actions taken.

## **II. Advocacy Process**

### **A. Legislative Author**

Governmental Affairs staff will seek a legislator to introduce the council–sponsored proposal. An appropriate author for the bill is one who:

- Has substantial experience with the subject of the bill; often the author is the chair or a member of the policy committee with subject-matter jurisdiction over the bill.
- Understands Judicial Council needs and objectives.
- Has experience with the legislative process.
- Is an effective negotiator with members of both parties.

### **B. Governmental Affairs Responsibilities**

Governmental Affairs acts as the primary advocate for Judicial Council–sponsored legislation. Governmental Affairs advocates are responsible for the following, among other things:

- Preparing background material for the bill, including analyses and fact sheets for the author. The analyses include a description of the problem the bill seeks to address, an explanation of how the bill corrects that problem, the likely supporters and opponents of the bill, questions the bill raises that may need further research, and any other information necessary. This will be done in consultation with the lead staff to the recommending advisory body.
- Communicating information about the bill to the appropriate legislative committee(s) with subject-matter jurisdiction. Advocates work extensively with committee staff as well as the committee members. In moving through the legislative process, a bill will be heard by at least one policy committee and, if appropriate, a fiscal committee, before being debated and voted upon by the full membership on the floor of each house.
- Writing sponsorship letters and testifying at bill hearings. Coordinating and preparing witnesses for bill hearings.
- Working with stakeholders to build support for the bill.
- Coordinating the content and timing of communications between all supporters and the Legislature.

- Negotiating with the proposal's opponents to determine whether amendments can eliminate opposition and still achieve the council's objectives.
- Meeting with the Governor and/or his or her staff to advocate that the bill be signed into law.

## **Formulating a Position on Pending Legislation (not sponsored by Judicial Council)**

The Judicial Council, acting through the Policy Coordination and Liaison Committee (PCLC), strives to improve the administration of justice by representing the interests of the judicial branch to the Legislature, the executive branch, other entities involved in the legislative process or interested in the judiciary, and the general public. The following are procedures Governmental Affairs uses in developing recommendations for taking positions on pending legislation.

### **Judicial Council Purview**

The Judicial Council supports the integrity and independence of the judicial branch and seeks to ensure that judicial procedures enhance efficiency and access to the courts. The council generally does not take a position on substantive law or policy. However, the council may take a position on legislation that involve issues central to the council's mission and goals as stated in the [Judicial Branch's Strategic Plan](#). The council may also take a position on an apparent issue of substantive law if issues presented directly affect court administration or negatively affect existing judicial services by imposing unrealistic burdens on the judicial branch.

### **Positions on Legislation**

Governmental Affairs reviews all introduced and amended legislation to determine whether a bill is of interest to the judicial branch. For each bill, staff determines whether the council is likely to take, or may want to take a position on the bill. One or more council advisory committees (or subcommittees) within the appropriate subject area review each bill on which the council may want to take a position. The advisory committees may either recommend a position or recommend that the council take no position.

Governmental Affairs submits bills on which an advisory committee recommends a position to PCLC for determination of a council position. Additionally, staff may also choose to bring a bill before PCLC on which an advisory committee has recommended no position. Staff presents each bill to PCLC with an analysis that includes a summary of the bill, a recommended position from one or more advisory committees and, if different, the staff recommendation, the rationale for the recommendation(s), positions the council has taken on related bills, fiscal and workload impacts, and other relevant information.

The council has established several positions PCLC may take on a bill. The positions are:

1. **Oppose**: An oppose position may be taken on a bill that conflicts with established council mission, goals or policies, and for which amendments would not resolve the conflict.
2. **Oppose unless amended/Oppose unless funded** An oppose, unless amended or oppose, unless funded position may be taken on a bill that the council will oppose unless identified amendments are taken to address those conflicts with council policy, impacts on the courts, or unless funding issues are resolved. If the bill is amended or funded as requested, the Judicial Council position will be neutral or no position.

3. **Neutral if amended/Neutral if funded:** A neutral position may be taken on a bill the substance of which does not implicate council policy, but on which technical corrections or amendments would improve the measure.
4. **Support in concept:** A support in concept position may be taken on a bill that, in concept, furthers council policy, but that is not yet drafted in sufficient detail for the council to support.
5. **Support if amended/Support if funded:** A support, if amended or support, if funded position may be taken on a bill that, with specified amendments or funding, would further the council's policies. Absent the amendments or necessary funding the council position would be neutral.
6. **Support:** A support position taken on a bill that aligns with or furthers council mission, goals or policies.
7. **No position:** A "no position" may be taken on a bill that addresses substantive issues on which the council takes no position, though the measure may affect the courts.

PCLC may also provide instruction to Governmental Affairs to do further research, raise concerns, or work with the author prior to taking a position on a bill.

All positions taken by PCLC on any pending legislation must be based solely on and within Judicial Council purview.

### **PCLC Meeting Schedule and Agenda**

PCLC meets regularly during the legislative session, usually by conference call. Beginning in late February or early March, the committee sets a schedule of meetings at least every three weeks. If a meeting is not needed, Governmental Affairs will notify PCLC members by e-mail of the cancellation. Late in the legislative session, and during budget negotiations, it may be necessary to schedule several meetings on short notice to discuss or resolve late-breaking issues. All PCLC meetings must be in compliance with California Rule of Court, Rule 10.75 governing meetings of advisory bodies.

Governmental Affairs prepares a written report on each bill for PCLC. Governmental Affairs may place bills that do not appear to require discussion or deliberation on PCLC's consent calendar. The consent calendar saves the committee time by eliminating the need to review bills that are consistent with clearly established council policies and positions. However, any committee member may remove an item from the consent calendar to discuss the bill's merits or the recommended action.

Bills that are on the discussion agenda include those that require discussion and those bills on which the staff recommendation differs from the recommendation of an advisory committee or when the recommendations from two or more advisory committees differ. In the latter instances, staff will request that a representative of the advisory committee(s) participate in the PCLC meeting. The representatives will present the advisory committee's views, and take questions

from PCLC members. PCLC may then excuse the guests and deliberate further and prior to taking action.

### **Legislative Advocacy**

Once PCLC adopts a position on a bill, it is the official position of the Judicial Council. That position and associated policies become the cornerstone of Governmental Affairs advocacy efforts. The adopted position is presented in subsequent negotiating sessions, discussions with interested parties, and meetings with legislators. A letter setting forth the position and policies is sent to the bill's author, legislative committee members, the Governor, and other interested parties.

Generally, PCLC's initial guidance and position is sufficient to direct Governmental Affairs advocacy throughout the legislative process. Occasionally, as a bill progresses or is amended, staff will request further direction from PCLC because of a particular bill's significance, complexity, the sensitivity of an issue, or the direction taken by the amendments.

### **Legislative Fiscal Impact Statement**

In addition to its legislative screening process, Governmental Affairs identifies bills that require a fiscal impact statement. In the years since the State assumed responsibility for trial court funding, Governmental Affairs has, through joint efforts with the Budget Services Office, developed a process to ensure that both timely and accurate fiscal impact statements are submitted to the Legislature. The legislative advocate works with the budget staff to develop an accurate fiscal impact statement. The budget staff confirms the cost issues and, if necessary, works with the advocate to determine an appropriate approach and methodology, identify available resources, and clarify any technical issues affecting the analysis.

There are a variety of resources available to assist in the development of fiscal and workload analyses. The Office of Court Research assists in data collection and analysis. Governmental Affairs also works closely with other council program areas (e.g., civil, criminal, family and juvenile law, jury service, traffic programs, and the court interpreter program). Staff also works with local courts to assist in the development of fiscal analyses. A fiscal impact statement may be submitted on bills that the council has not taken a position on.

As previously directed by PCLC, a fiscal impact statement will not be developed for bills that would create new or expanded civil causes of action and new or expanded crimes.

### **Judicial Council Legislative Policy Summary**

The Judicial Council Legislative Policy Summary sets forth the council's historical policies on key legislative issues. The summary helps to ensure that council members, advisory committee members, and council staff have a common understanding of council policy on issues presented in proposed legislation. The summary reflects the council's most recent positions on legislative issues and identifies how those positions are derived from the Judicial Council's strategic plan. The Judicial Council adopts the Legislative Policy Summary on an annual basis.

## Overview in Formulating a Judicial Council Position on Legislation (not sponsored by Judicial Council)

### **Governmental Affairs**

As bills are introduced in the Legislature, Governmental Affairs identifies those that may affect the judicial branch. Governmental Affairs analyzes the bill for key aspects/impacts of the legislation and, if within Judicial Council purview, forwards the bill to a Judicial Council advisory committee for review and recommendation.

### **Advisory Committee**

The advisory committee (or its subcommittee) reviews the legislation and recommends a position. The advisory committee recommendation along with Governmental Affairs report and recommendation are presented to the PCLC for review.

### **Policy Coordination and Liaison Committee**

PCLC reviews the bill, Governmental Affairs report, and recommendation(s). The committee, on behalf of the Judicial Council, may adopt one of the following positions on the bill:

- oppose
- oppose unless amended/Oppose unless funded
- neutral, if amended/Neutral if funded
- support in concept
- support if amended/Support if funded
- support
- no position

In an unusual circumstance, PCLC may refer the bill to the full Judicial Council for review and position. Once a position is adopted, Governmental Affairs advocates that position throughout the legislative process.

## Worksheet for Judicial Council–Sponsored Legislation Proposal

Advisory Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Governmental Affairs Liaison: \_\_\_\_\_

1. Describe the problem to be addressed.
2. How does this problem affect the judicial branch?
3. What is the proposed solution?
4. Discuss alternative solutions. Why is the recommended solution preferable?
5. Any foreseeable problems with the proposed solution?
6. Is the proposal within the Judicial Council’s purview?
7. Could the proposal be carried out by amending the California Rules of Court instead of legislation?
8. Please estimate costs or operational impacts of the proposal.
9. Why is the Judicial Council the best sponsor?
10. What political factors are associated with the proposal? Is there any expected opposition or support for the proposal?
11. Does this proposal require urgent consideration? If so, why?

***Note: This worksheet must be completed and submitted to Governmental Affairs staff prior to the sponsored proposal being placed on the PCLC agenda for final consideration.***

## Governmental Affairs

The mission of Governmental Affairs is to promote and maintain effective relations with the legislative and executive branches and to present the Judicial Council's recommendations on legislative matters pursuant to constitutional mandate. (Cal. Const., art. VI, § 6). Governmental Affairs staff are responsible for the following subject matter areas:

<b>Subject Matter</b>	<b>Contact</b>
General Advocacy	Cory Jasperson
Access to Justice/Self-represented Litigants	Andi Liebenbaum
Appellate Law	Daniel Pone
Bench-Bar Coalition	Cory Jasperson
Budget	Cory Jasperson
Child Welfare	Andi Liebenbaum
Civil Procedure	Daniel Pone
Communications Liaison	Cory Jasperson
Court Closures/Service Reduction	Cory Jasperson
Court Facilities	Cory Jasperson
Court Interpreters	Andi Liebenbaum
Court Reporters	Andi Liebenbaum
Court Security	Cory Jasperson
Criminal Procedure	Sharon Reilly
Day on the Bench	Cory Jasperson
Family Law	Andi Liebenbaum
Fiscal Impact of Legislation/Appropriations	Mark Neuburger
Judgeships/Judicial Officers	Andi Liebenbaum
Judicial Fellowship Program	Cory Jasperson
Judicial Conduct	Cory Jasperson
Judicial Education	Cory Jasperson
Judicial Elections	Cory Jasperson
Judicial Service	Cory Jasperson
Jury Issues	Daniel Pone, Sharon Reilly
Juvenile Justice	Andi Liebenbaum
Labor and Employment	Cory Jasperson
Probate and Mental Health	Daniel Pone
Redistricting/Judicial Redistricting	Cory Jasperson
State Bar/Practice of Law	Daniel Pone
Traffic Law	Andi Liebenbaum

## **Staff Biographies**

**Cory Jasperson** leads the judicial branch's legislative and executive advocacy efforts as the Director of Governmental Affairs. Mr. Jasperson worked in the State Capitol for 12 years, holding positions in both the Assembly and Senate. Prior to joining the Judicial Council, he served as Chief of Staff to Senator Joe Simitian (D-Palo Alto). Mr. Jasperson also held the position of Chief of Staff to the Assembly Speaker pro Tempore. Before joining the Legislature in 2000, Mr. Jasperson worked at the Santa Clara County Board of Supervisors, Stanford University, and the Greenlining Institute, a statewide multi-ethnic public policy and advocacy center. He has a BA in International Relations from the University of California, Davis.

**Luz Bobino** is an Executive Secretary to the Director and Supervising Attorney of Governmental Affairs. Ms. Bobino joined Governmental Affairs in March 2000 from Sutter Health Information Technology as an application support analyst providing assistance in system analysis, design, development, documentation, and configuration as well as testing and training of the product. Ms. Bobino also worked for the Stockton Fire Department Executive Office as an office clerk, while attending San Joaquin Delta College, majoring in Psychology.

**Yvette Casillas-Sarcos** is an Administrative Coordinator with Governmental Affairs and has been employed by the Judicial Council since 1997. She is responsible for coordinating bill tracking and screening criminal and traffic legislation, as well as supporting the work of two advocates and the Policy Coordination and Liaison Committee.

**Jenniffer Herman** is an Administrative Coordinator with Governmental Affairs and has been employed by the Judicial Council since 2017. Prior to joining the Judicial Council, Ms. Herman was a personnel specialist with the California Department of Parks and Recreation. Ms. Herman relocated to Sacramento in 2006 from the Bay Area and attended Sacramento City College, majoring in English Literature.

**Logan Kemp** is the Judicial Administration Fellow with Judicial Council Governmental Affairs. Logan graduated from California State University, Sacramento, double-majoring in Economics and Government. Logan previously interned at Panetta Institute for Democratic Leader Nancy Pelosi.

**Monica LeBlond** has been the Administrative Support Supervisor at Governmental Affairs since January 2002. Prior to joining the Judicial Council, she worked as an administrative and quality manager for an environmental consulting firm in Sacramento. Ms. LeBlond has a bachelor's degree from the State University of New York.

**Andi Liebenbaum** is an Attorney with Governmental Affairs. Ms. Liebenbaum serves as a liaison between Judicial Council Advisory Committees and the Legislature on issues pertaining to access to justice, self-help and self-represented litigants, family law, juvenile delinquency and dependency, judicial officers, court interpreters, court reporters, and traffic law including fines, fees, penalties, and assessments. Prior to joining the council in 2012, Ms. Liebenbaum served as senior legislative consultant to Assembly Member Jared Huffman. She began her legal career as

an attorney in juvenile dependency and delinquency matters, environmental policy including CEQA litigation, and immigration law. She transitioned into nonprofit workforce development and youth advocacy for 16 years, working throughout California and as a consultant to the US Department of State undertaking program development and capacity building in Central and South America. Ms. Liebenbaum received her undergraduate degrees from Boston University, and her juris doctorate from Loyola Law School in Los Angeles.

**Mark Neuburger** is the Legislative Advocate at Governmental Affairs responsible for assessing the fiscal impacts of legislation. Prior to joining the Judicial Council in 2018, Mr. Neuburger worked as a Budget Analyst with the Department of Finance. Mr. Neuburger has also worked for the Department of Fish and Wildlife and was a 2011–12 Judicial Administration Fellow at the Placer Superior Court. Before his career in public service, Mr. Neuburger worked for variety of companies in the insurance industry as a claims analyst handling personal auto, disability and workers' compensation claims. Mark has a BS in Criminal Justice and an MA in International Relations from Sacramento State University.

**Daniel Pone** is an Attorney with Governmental Affairs and has been with the Judicial Council since 2001. Prior to joining the Judicial Council, he worked for four years as a principal consultant for the California Assembly Judiciary Committee, working in areas of civil rights, constitutional law, general civil law, contracts, probate, mental health, consumer protection, and privacy. Prior to working in the Assembly, Mr. Pone worked for more than 11 years as a Senior Attorney for Protection & Advocacy, Inc., specializing in mental health law. Mr. Pone has a bachelor's degree in psychology from the University of Oklahoma and a juris doctorate from University of California at Davis.

**Sharon Reilly** has been with the Judicial Council since January 2013 as an Attorney for criminal law and procedure legislation. Ms. Reilly previously served as chief counsel for the California Bureau of State Audits (BSA) for 13 years and served as a deputy legislative counsel in the California Office of Legislative Counsel for 9 years. As chief counsel with BSA, Ms. Reilly was the executive responsible for the Investigations Division, and also oversaw issues involving the criminal justice system, including juvenile justice realignment, campus crime statistics, the Three Strikes law, and probation requirements. While working at the Legislative Counsel Bureau she served as counsel to several legislative committees, including the Senate Appropriations Committee, the Joint Legislative Budget Committee, and the Constitutional Revision Commission. A University of California, Berkeley graduate, Ms. Reilly earned her juris doctorate degree from the University of California at Davis.

## **Outreach Activities**

Governmental Affairs seeks to promote effective communications within California's judicial branch, and with the legislative and executive branches of government. To enhance these efforts, Governmental Affairs has established outreach programs that inform the Governor, members of the Legislature, and the legal community about the judicial branch and issues of mutual concern.

## **State of the Judiciary Address**

The Chief Justice of California typically delivers an annual State of the Judiciary address early in the calendar year to a joint session of the Legislature. The address focuses on significant issues and challenges facing the judiciary in the upcoming year. Following the address, a meet-and-greet is conducted, providing an opportunity for members of the Legislature, the executive branch, appellate and trial courts, and the Bench-Bar Coalition to discuss issues and meet informally with the Chief Justice and other judicial branch leaders.

## **Legislative Visits**

Governmental Affairs coordinates legislative visits for courts or Judicial Council members as needed or requested.

## **Liaison Activities**

Working with interested groups toward achieving common goals has been a long-standing component of Governmental Affairs' advocacy work. Governmental Affairs continues ongoing efforts to work cooperatively with stakeholders involved with and important to the judicial branch, including the Attorney General, the California Judges Association, the California State Association of Counties, the California District Attorneys Association, the California Public Defenders Association, the State Bar of California, civil plaintiffs and defense bars, legal services organizations, and others. Where our positions on issues concur, we form alliances to enhance our advocacy efforts. When our positions on issues differ, we negotiate to reach agreements whenever possible. In support of this ongoing liaison effort, annual meetings are hosted with the leadership of several external organizations to discuss issues of mutual concern.

## **Statewide Bench-Bar Coalition**

The Judicial Council coordinates the statewide Bench-Bar Coalition (BBC). The BBC enhances communication and coordinates the advocacy activities of the judicial community with local, minority and specialty bars associations and legal services organizations regarding issues of common interest, particularly in the legislative arena. Governmental Affairs also coordinates the BBC's annual Day in Sacramento, which is held in conjunction with the Chief Justice's State of the Judiciary address.

## **Day on the Bench Program**

The Day on the Bench program is an event in which a legislator spends a day (or portion of a day) in court with a judge in the legislator's district. This program, cosponsored with the California Judges Association, is designed to give legislators an understanding of the volume, complexity, variety, and difficulty of a trial court judge's daily duties and responsibilities.

## **Publications and Information Services**

To facilitate communication, staff distributes the following information on current legislative developments.

Legislative Status Chart – Governmental Affairs prepares a chart that provides an easy reference to all council actions on pending legislation, including Judicial Council-sponsored legislation.

Table of Bills Affecting Appellate Courts – Governmental Affairs prepares a chart of legislative bills that affect the appellate courts or that respond to California appellate court decisions.

Each year, Governmental Affairs publishes a comprehensive summary of enacted legislation that affects the courts or is of general interest to the legal community. The Legislative Summary includes brief descriptions of the measures, organized by subject. Current and prior-year summaries can be downloaded from the California Courts Website, Court-related Legislation page: [www.courts.ca.gov/4121.htm](http://www.courts.ca.gov/4121.htm)

To view bills being tracked by Governmental Affairs visit the California Courts website at [Court-Related Legislation - OGA](http://www.courts.ca.gov/4121.htm) (<http://www.courts.ca.gov/4121.htm>)

A copy of any legislative measure may be obtained from the Bill Room in the State Capitol building by calling 916-445-2323. Bills and legislative analyses can also be accessed on the Internet at [Bill Search](http://leginfo.legislature.ca.gov) (<http://leginfo.legislature.ca.gov>)

For additional information on the Policy Coordination and Liaison Committee visit the committee's website at [Policy Coordination and Liaison Committee - judicial council advisory groups](http://www.courts.ca.gov/pclc.htm) ([www.courts.ca.gov/pclc.htm](http://www.courts.ca.gov/pclc.htm))

**State of California**

**WELFARE AND INSTITUTIONS CODE**

**Section 827**

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827. (a) (1) Except as provided in Section 828, a case file may be inspected only by the following:

- (A) Court personnel.
- (B) The district attorney, a city attorney, or city prosecutor authorized to prosecute criminal or juvenile cases under state law.
- (C) The minor who is the subject of the proceeding.
- (D) The minor's parent or guardian.
- (E) The attorneys for the parties, judges, referees, other hearing officers, probation officers, and law enforcement officers who are actively participating in criminal or juvenile proceedings involving the minor.
- (F) The county counsel, city attorney, or any other attorney representing the petitioning agency in a dependency action.
- (G) The superintendent or designee of the school district where the minor is enrolled or attending school.
- (H) Members of the child protective agencies as described in Section 11165.9 of the Penal Code.
- (I) The State Department of Social Services, to carry out its duties pursuant to Division 9 (commencing with Section 10000) of this code and Part 5 (commencing with Section 7900) of Division 12 of the Family Code to oversee and monitor county child welfare agencies, children in foster care or receiving foster care assistance, and out-of-state placements, Section 10850.4, and paragraph (2).
- (J) (i) Authorized staff who are employed by, or authorized staff of entities who are licensed by, the State Department of Social Services, as necessary to the performance of their duties related to resource family approval, and authorized staff who are employed by the State Department of Social Services as necessary to inspect, approve, or license, and monitor or investigate community care facilities or resource families, and to ensure that the standards of care and services provided in those facilities are adequate and appropriate, and to ascertain compliance with the rules and regulations to which the facilities are subject.
  - (ii) The confidential information shall remain confidential except for purposes of inspection, approval or licensing, or monitoring or investigation pursuant to Chapter 3 (commencing with Section 1500) and Chapter 3.4 (commencing with Section 1596.70) of Division 2 of the Health and Safety Code and Article 2 (commencing with Section 16519.5) of Chapter 5 of Part 4 of Division 9. The confidential information may also be used by the State Department of Social Services in a criminal, civil, or administrative proceeding. The confidential information shall be available

only to the judge or hearing officer and to the parties to the case. Names that are confidential shall be listed in attachments separate to the general pleadings. The confidential information shall be sealed after the conclusion of the criminal, civil, or administrative hearings, and may not subsequently be released except in accordance with this subdivision. If the confidential information does not result in a criminal, civil, or administrative proceeding, it shall be sealed after the State Department of Social Services determines that no further action will be taken in the matter. Except as otherwise provided in this subdivision, confidential information shall not contain the name of the minor.

(K) Members of children's multidisciplinary teams, persons, or agencies providing treatment or supervision of the minor.

(L) A judge, commissioner, or other hearing officer assigned to a family law case with issues concerning custody or visitation, or both, involving the minor, and the following persons, if actively participating in the family law case: a family court mediator assigned to a case involving the minor pursuant to Article 1 (commencing with Section 3160) of Chapter 11 of Part 2 of Division 8 of the Family Code, a court-appointed evaluator or a person conducting a court-connected child custody evaluation, investigation, or assessment pursuant to Section 3111 or 3118 of the Family Code, and counsel appointed for the minor in the family law case pursuant to Section 3150 of the Family Code. Prior to allowing counsel appointed for the minor in the family law case to inspect the file, the court clerk may require counsel to provide a certified copy of the court order appointing him or her as the minor's counsel.

(M) When acting within the scope of investigative duties of an active case, a statutorily authorized or court-appointed investigator who is conducting an investigation pursuant to Section 7663, 7851, or 9001 of the Family Code, or who is actively participating in a guardianship case involving a minor pursuant to Part 2 (commencing with Section 1500) of Division 4 of the Probate Code and acting within the scope of his or her duties in that case.

(N) A local child support agency for the purpose of establishing paternity and establishing and enforcing child support orders.

(O) Juvenile justice commissions as established under Section 225. The confidentiality provisions of Section 10850 shall apply to a juvenile justice commission and its members.

(P) The Department of Justice, to carry out its duties pursuant to Sections 290.008 and 290.08 of the Penal Code as the repository for sex offender registration and notification in California.

(Q) Any other person who may be designated by court order of the judge of the juvenile court upon filing a petition.

(R) A probation officer who is preparing a report pursuant to Section 1178 on behalf of a person who was in the custody of the Department of Corrections and Rehabilitation, Division of Juvenile Justice and who has petitioned the Board of Juvenile Hearings for an honorable discharge.

(2) (A) Notwithstanding any other law and subject to subparagraph (A) of paragraph (3), juvenile case files, except those relating to matters within the jurisdiction

of the court pursuant to Section 601 or 602, that pertain to a deceased child who was within the jurisdiction of the juvenile court pursuant to Section 300, shall be released to the public pursuant to an order by the juvenile court after a petition has been filed and interested parties have been afforded an opportunity to file an objection. Any information relating to another child or which could identify another child, except for information about the deceased, shall be redacted from the juvenile case file prior to release, unless a specific order is made by the juvenile court to the contrary. Except as provided in this paragraph, the presiding judge of the juvenile court may issue an order prohibiting or limiting access to the juvenile case file, or any portion thereof, of a deceased child only upon a showing by a preponderance of evidence that release of the juvenile case file or any portion thereof is detrimental to the safety, protection, or physical or emotional well-being of another child who is directly or indirectly connected to the juvenile case that is the subject of the petition.

(B) This paragraph represents a presumption in favor of the release of documents when a child is deceased unless the statutory reasons for confidentiality are shown to exist.

(C) If a child whose records are sought has died, and documents are sought pursuant to this paragraph, no weighing or balancing of the interests of those other than a child is permitted.

(D) A petition filed under this paragraph shall be served on interested parties by the petitioner, if the petitioner is in possession of their identity and address, and on the custodian of records. Upon receiving a petition, the custodian of records shall serve a copy of the request upon all interested parties that have not been served by the petitioner or on the interested parties served by the petitioner if the custodian of records possesses information, such as a more recent address, indicating that the service by the petitioner may have been ineffective.

(E) The custodian of records shall serve the petition within 10 calendar days of receipt. If any interested party, including the custodian of records, objects to the petition, the party shall file and serve the objection on the petitioning party no later than 15 calendar days after service of the petition.

(F) The petitioning party shall have 10 calendar days to file any reply. The juvenile court shall set the matter for hearing no more than 60 calendar days from the date the petition is served on the custodian of records. The court shall render its decision within 30 days of the hearing. The matter shall be decided solely upon the basis of the petition and supporting exhibits and declarations, if any, the objection and any supporting exhibits or declarations, if any, and the reply and any supporting declarations or exhibits thereto, and argument at hearing. The court may solely upon its own motion order the appearance of witnesses. If no objection is filed to the petition, the court shall review the petition and issue its decision within 10 calendar days of the final day for filing the objection. Any order of the court shall be immediately reviewable by petition to the appellate court for the issuance of an extraordinary writ.

(3) Access to juvenile case files pertaining to matters within the jurisdiction of the juvenile court pursuant to Section 300 shall be limited as follows:

(A) If a juvenile case file, or any portion thereof, is privileged or confidential pursuant to any other state law or federal law or regulation, the requirements of that state law or federal law or regulation prohibiting or limiting release of the juvenile case file or any portions thereof shall prevail. Unless a person is listed in subparagraphs (A) to (P), inclusive, of paragraph (1) and is entitled to access under the other state law or federal law or regulation without a court order, all those seeking access, pursuant to other authorization, to portions of, or information relating to the contents of, juvenile case files protected under another state law or federal law or regulation, shall petition the juvenile court. The juvenile court may only release the portion of, or information relating to the contents of, juvenile case files protected by another state law or federal law or regulation if disclosure is not detrimental to the safety, protection, or physical or emotional well-being of a child who is directly or indirectly connected to the juvenile case that is the subject of the petition. This paragraph does not limit the ability of the juvenile court to carry out its duties in conducting juvenile court proceedings.

(B) Prior to the release of the juvenile case file or any portion thereof, the court shall afford due process, including a notice of and an opportunity to file an objection to the release of the record or report to all interested parties.

(4) A juvenile case file, any portion thereof, and information relating to the content of the juvenile case file, may not be disseminated by the receiving agencies to any persons or agencies, other than those persons or agencies authorized to receive documents pursuant to this section. Further, a juvenile case file, any portion thereof, and information relating to the content of the juvenile case file, may not be made as an attachment to any other documents without the prior approval of the presiding judge of the juvenile court, unless it is used in connection with and in the course of a criminal investigation or a proceeding brought to declare a person a dependent child or ward of the juvenile court.

(5) Individuals listed in subparagraphs (A), (B), (C), (D), (E), (F), (H), (I), and (J) of paragraph (1) may also receive copies of the case file. For authorized staff of entities who are licensed by the State Department of Social Services, the confidential information shall be obtained through a child protective agency, as defined in subparagraph (H) of paragraph (1). In these circumstances, the requirements of paragraph (4) shall continue to apply to the information received.

(6) An individual other than a person described in subparagraphs (A) to (P), inclusive, of paragraph (1) who files a notice of appeal or petition for writ challenging a juvenile court order, or who is a respondent in that appeal or real party in interest in that writ proceeding, may, for purposes of that appeal or writ proceeding, inspect and copy any records in a juvenile case file to which the individual was previously granted access by the juvenile court pursuant to subparagraph (Q) of paragraph (1), including any records or portions thereof that are made a part of the appellate record. The requirements of paragraph (3) shall continue to apply to any other record, or a portion thereof, in the juvenile case file or made a part of the appellate record. The requirements of paragraph (4) shall continue to apply to files received pursuant to this paragraph. The Judicial Council shall adopt rules to implement this paragraph.

(b) (1) While the Legislature reaffirms its belief that juvenile court records, in general, should be confidential, it is the intent of the Legislature in enacting this subdivision to provide for a limited exception to juvenile court record confidentiality to promote more effective communication among juvenile courts, family courts, law enforcement agencies, and schools to ensure the rehabilitation of juvenile criminal offenders as well as to lessen the potential for drug use, violence, other forms of delinquency, and child abuse.

(2) (A) Notwithstanding subdivision (a), written notice that a minor enrolled in a public school, kindergarten to grade 12, inclusive, has been found by a court of competent jurisdiction to have committed any felony or any misdemeanor involving curfew, gambling, alcohol, drugs, tobacco products, carrying of weapons, a sex offense listed in Section 290 of the Penal Code, assault or battery, larceny, vandalism, or graffiti shall be provided by the court, within seven days, to the superintendent of the school district of attendance. Written notice shall include only the offense found to have been committed by the minor and the disposition of the minor's case. This notice shall be expeditiously transmitted by the district superintendent to the principal at the school of attendance. The principal shall expeditiously disseminate the information to those counselors directly supervising or reporting on the behavior or progress of the minor. In addition, the principal shall disseminate the information to any teacher or administrator directly supervising or reporting on the behavior or progress of the minor whom the principal believes needs the information to work with the pupil in an appropriate fashion, to avoid being needlessly vulnerable or to protect other persons from needless vulnerability.

(B) Any information received by a teacher, counselor, or administrator under this subdivision shall be received in confidence for the limited purpose of rehabilitating the minor and protecting students and staff, and shall not be further disseminated by the teacher, counselor, or administrator, except insofar as communication with the juvenile, his or her parents or guardians, law enforcement personnel, and the juvenile's probation officer is necessary to effectuate the juvenile's rehabilitation or to protect students and staff.

(C) An intentional violation of the confidentiality provisions of this paragraph is a misdemeanor punishable by a fine not to exceed five hundred dollars (\$500).

(3) If a minor is removed from public school as a result of the court's finding described in subdivision (b), the superintendent shall maintain the information in a confidential file and shall defer transmittal of the information received from the court until the minor is returned to public school. If the minor is returned to a school district other than the one from which the minor came, the parole or probation officer having jurisdiction over the minor shall so notify the superintendent of the last district of attendance, who shall transmit the notice received from the court to the superintendent of the new district of attendance.

(c) Each probation report filed with the court concerning a minor whose record is subject to dissemination pursuant to subdivision (b) shall include on the face sheet the school at which the minor is currently enrolled. The county superintendent shall

provide the court with a listing of all of the schools within each school district, within the county, along with the name and mailing address of each district superintendent.

(d) (1) Each notice sent by the court pursuant to subdivision (b) shall be stamped with the instruction: “Unlawful Dissemination Of This Information Is A Misdemeanor.” Any information received from the court shall be kept in a separate confidential file at the school of attendance and shall be transferred to the minor’s subsequent schools of attendance and maintained until the minor graduates from high school, is released from juvenile court jurisdiction, or reaches 18 years of age, whichever occurs first. After that time the confidential record shall be destroyed. At any time after the date by which a record required to be destroyed by this section should have been destroyed, the minor or his or her parent or guardian shall have the right to make a written request to the principal of the school that the minor’s school records be reviewed to ensure that the record has been destroyed. Upon completion of any requested review and no later than 30 days after the request for the review was received, the principal or his or her designee shall respond in writing to the written request and either shall confirm that the record has been destroyed or, if the record has not been destroyed, shall explain why destruction has not yet occurred.

(2) Except as provided in paragraph (2) of subdivision (b), no liability shall attach to any person who transmits or fails to transmit any notice or information required under subdivision (b).

(e) For purposes of this section, a “juvenile case file” means a petition filed in any juvenile court proceeding, reports of the probation officer, and all other documents filed in that case or made available to the probation officer in making his or her report, or to the judge, referee, or other hearing officer, and thereafter retained by the probation officer, judge, referee, or other hearing officer.

(f) The persons described in subparagraphs (A), (E), (F), (H), (K), (L), (M), and (N) of paragraph (1) of subdivision (a) include persons serving in a similar capacity for an Indian tribe, reservation, or tribal court when the case file involves a child who is a member of, or who is eligible for membership in, that tribe.

(g) A case file that is covered by, or included in, an order of the court sealing a record pursuant to Section 781 or 786 may not be inspected, except as specified by Section 781 or 786.

(Amended by Stats. 2018, Ch. 992, Sec. 1. (AB 1617) Effective January 1, 2019.)