

May 4, 2018

ALL COUNTY LETTER NO. 18-28

TO: ALL JUDICIAL COUNCIL STAFF
ALL COUNTY CHILD WELFARE PROGRAM MANAGERS
ALL COUNTY CHILD WELFARE DIRECTORS
ALL COUNTY BEHAVIORAL HEALTH DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL ADOPTION REGIONAL AND FIELD OFFICES
ALL FOSTER CARE MANAGERS
ALL FOSTER FAMILY AGENCY DIRECTORS
ALL COUNTY CHILD HEALTH & DISABILITY PREVENTION
PROGRAM DIRECTORS AND DEPUTY DIRECTORS
ALL FOSTER CARE PUBLIC HEALTH NURSES

SUBJECT: FUNDING APPROPRIATION FOR FOSTER CARE PUBLIC HEALTH
NURSES

REFERENCE: WELFARE AND INSTITUTIONS CODE (WIC) [SECTION 16501.3\(a\)](#);
ALL COUNTY INFORMATION NOTICE [I-55-99](#); ALL COUNTY
LETTER [99-108](#).

The purpose of this letter is to inform county child welfare directors, county health directors, social workers, probation officers, caregivers, and foster care Public Health Nurses (PHNs) of the 2017 Budget Act augmentation that adds \$3.85 million in State General Fund (SGF) to expand local foster care public health nursing programs by funding additional PHNs. The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) have amended the existing interagency agreement to include this budget augmentation in order to maximize funding through the matching of SGF with Federal Financial Participation (FFP) monies through Medicaid Title XIX.

BACKGROUND

The Health Care Program for Children in Foster Care (HCPFC) enhances health care services for children in foster care through the use of public health nurses. For the purposes of HCPFC, a foster child is a court dependent placed with a relative, foster

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

family, resource family, foster family agency, group home, or short term residential treatment program.

Per [W&IC 16501.3\(a\)](#), PHNs working in the HCPCFC have the following duties:

- Documenting that foster youth receive initial and follow up health screenings;
- Collecting health information on each foster child and making expedited referrals, to providers in the community for health services necessary for the child;
- Participating in medical care planning and coordination for the child;
- Providing follow up contact to assess the child's progress toward meeting treatment goals
- At the request of a nonminor dependent (NMD), assisting the NMD in accessing health services and advocating for the health needs of the NMD

Some counties also utilize PHNs to assist with updating the Health and Education Passport, facilitating referrals to various providers and community programs, and serving as a resource to provide medical education to substitute care providers, interpreting medical reports for case workers, and monitoring the use of psychotropic and any other medications prescribed to children in foster care.

The HCPCFC is a result of collaboration between CDSS and DHCS. The HCPCFC was initially implemented on January 1, 2000 through an augmentation to the existing Child Health and Disability Prevention (CHDP) program. The activities of HCPCFC PHNs are limited to those administrative functions eligible for federal matching funds through the Medicaid Title XIX program. The HCPCFC PHNs do not provide direct medical services to children. It was the intent of the program that the initial funding augmentation, coupled with collaboration among local agencies, would provide additional PHN expertise with the goal of reaching a 1:200 PHN to child ratio.

In order to help counties reach a 1:200 PHN to child ratio, the 2017 Budget Act augmentation adds \$3.85 million in SGF to expand local foster care public health nursing programs by funding additional PHNs.

MATCHING FEDERAL FUNDS FOR FOSTER CARE PUBLIC HEALTH NURSES

As discussed above, the \$3.85 million SGF allocation will fund additional PHNs that comply with specific administrative functions eligible for 75 percent enhanced federal

matching funds through the Medicaid Title XIX program. The CDSS and DHCS have amended the existing interagency agreement to allow the full allocation to be transferred to DHCS from CDSS.

METHODOLOGY AND CLAIMING THROUGH DHCS

The DHCS issued a CHDP program letter to provide local county CHDP programs with information about the \$3.85 million SGF for the Fiscal Year 2017-18. The CHDP program letter also describes the claiming process in more detail and provides each local CHDP program their proportion of the \$3.85 million and the corresponding enhanced federal match (as outlined in Attachment A). Local CHDP programs will coordinate with county child welfare agencies following the process and standards established for the HCPCFC to build upon the program to comply with the new activities described in this All County Letter. Local CHDP programs will submit quarterly claims using a new HCPCFC invoice that will differentiate this year's additional SGF allocation from both the original HCPCFC funding allocation and the psychotropic medication monitoring and oversight allocation.

If you have any questions regarding this letter, please contact the Placement Services and Support Unit at (916) 657-1858, or by emailing FosterYouthWellness@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachment

FISCAL YEAR 2017-18 PUBLIC HEALTH NURSES ALLOCATION			
COUNTY	STATE GENERAL FUND AUGMENT	FEDERAL FUND AUGMENT	REVISED TOTAL AUGMENT
1 ALAMEDA	\$86,197	\$258,592	\$344,789
2 ALPINE	\$0	\$0	\$0
3 AMADOR	\$3,050	\$9,150	\$12,201
4 BUTTE	\$38,248	\$114,743	\$152,991
5 CALAVERAS	\$2,673	\$8,020	\$10,693
6 COLUSA	\$8,751	\$26,252	\$35,002
7 CONTRA COSTA	\$46,544	\$139,633	\$186,178
8 DEL NORTE	\$3,320	\$9,959	\$13,278
9 EL DORADO	\$21,244	\$63,733	\$84,977
10 FRESNO	\$134,193	\$402,578	\$536,771
11 GLENN	\$7,024	\$21,072	\$28,095
12 HUMBOLDT	\$21,754	\$65,262	\$87,016
13 IMPERIAL	\$28,509	\$85,526	\$114,034
14 INYO	\$1,099	\$3,296	\$4,395
15 KERN	\$88,836	\$266,509	\$355,345
16 KINGS	\$15,337	\$46,011	\$61,347
17 LAKE	\$10,168	\$30,505	\$40,673
18 LASSEN	\$5,721	\$17,163	\$22,884
19 LOS ANGELES	\$1,550,187	\$4,650,562	\$6,200,750
20 MADERA	\$22,670	\$68,009	\$90,679
21 MARIN	\$4,782	\$14,346	\$19,128
22 MARIPOSA	\$1,086	\$3,257	\$4,342
23 MENDOCINO	\$14,872	\$44,615	\$59,486
24 MERCED	\$28,236	\$84,709	\$112,945
25 MODOC	\$927	\$2,782	\$3,710
26 MONO	\$0	\$0	\$0
27 MONTEREY	\$28,566	\$85,698	\$114,265
28 NAPA	\$6,961	\$20,883	\$27,844
29 NEVADA	\$3,291	\$9,872	\$13,163
30 ORANGE	\$178,048	\$534,143	\$712,190
31 PLACER	\$2,681	\$8,043	\$10,723
32 PLUMAS	\$2,969	\$8,907	\$11,876
33 RIVERSIDE	\$154,204	\$462,612	\$616,816
34 SACRAMENTO	\$91,647	\$274,941	\$366,587
35 SAN BENITO	\$6,090	\$18,270	\$24,360
36 SAN BERNARDINO	\$440,988	\$1,322,965	\$1,763,953
37 SAN DIEGO	\$137,602	\$412,806	\$550,408
38 SAN FRANCISCO	\$50,176	\$150,528	\$200,704
39 SAN JOAQUIN	\$100,696	\$302,087	\$402,782
40 SAN LUIS OBISPO	\$25,150	\$75,449	\$100,599
41 SAN MATEO	\$10,898	\$32,693	\$43,591
42 SANTA BARBARA	\$29,631	\$88,892	\$118,523
43 SANTA CLARA	\$69,377	\$208,132	\$277,509
44 SANTA CRUZ	\$17,409	\$52,227	\$69,636
45 SHASTA	\$21,647	\$64,940	\$86,586
46 SIERRA	\$0	\$0	\$0
47 SISKIYOU	\$3,134	\$9,401	\$12,535
48 SOLANO	\$18,102	\$54,306	\$72,407
49 SONOMA	\$35,475	\$106,425	\$141,900
50 STANISLAUS	\$42,511	\$127,534	\$170,046
51 SUTTER	\$13,150	\$39,451	\$52,602
52 TEHAMA	\$9,817	\$29,452	\$39,270
53 TRINITY	\$3,178	\$9,535	\$12,713
54 TULARE	\$69,129	\$207,387	\$276,516
55 TUOLUMNE	\$6,249	\$18,748	\$24,998
56 VENTURA	\$50,838	\$152,514	\$203,352
57 YOLO	\$46,957	\$140,871	\$187,828
58 YUBA	\$14,791	\$44,372	\$59,162
59 CITY OF BERKELEY	\$13,211	\$39,633	\$52,843
Total	\$3,850,000	\$11,550,000	\$15,400,000

The Federal Fund Allocation column is a maximum that assumes State funds used would be applied exclusively for PHN activities eligible to be matched at the enhanced rate of 75 percent (SOC recognizes quarterly claims typically reflect activities that are claimed at the standard and enhanced FFP rates). The maximum Federal Fund Allocation amount specified in this table is unrelated to the HCPFC county match calculation.