

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



December 21, 1999

ALL COUNTY LETTER NO. 99-108

TO: ALL COUNTY WELFARE DEPARTMENTS  
ALL COUNTY PROBATION DEPARTMENTS  
ALL REGIONAL CENTERS  
ALL COUNTY MENTAL HEALTH DEPARTMENTS  
CHIEF PROBATION OFFICERS OF CALIFORNIA  
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA  
COUNTY HEALTH OFFICERS  
COUNTY HEALTH EXECUTIVES  
LOCAL DIRECTORS OF PUBLIC HEALTH NURSING  
LOCAL CHDP DIRECTORS AND DEPUTY DIRECTORS

**REASON FOR THIS TRANSMITTAL**

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

SUBJECT: INSTRUCTIONS REGARDING LOCAL MEMORANDUM OF UNDERSTANDING  
FOR HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

The purpose of this letter is to provide additional information and instructions for completion of the local Memorandum of Understanding (MOU) for the new Health Care Program for Children in Foster Care (HCPCFC). The MOU is due June 30, 2000, although the HCPCFC will be implemented January 1, 2000 when initial funding is available. In subsequent fiscal years (FY) funding will be increased to reflect a 12-month allocation.

This notice follows the California Department of Social Services (CDSS) September 2, 1999 All County Information Notice (ACIN) No. I-55-99 that formally announced this program to enhance health care services for children in foster care through the use of public health nurses (PHN). For purposes of HCPCFC a foster child is a court dependent placed with a relative, foster family, foster family agency, or group home. A ward of the court placed in foster care, whose placement is funded by AFDC-FC funds, is also eligible for this program. The CDSS and the California Department of Health Services (DHS) are collaborating to implement this program which involves local health, welfare and probation departments. ACINs and All County Letters (ACL) are posted on the CDSS Web Page under "CDSS Letters and Notices."

The HCPCFC will be implemented through an augmentation to the existing Child Health and Disability Prevention (CHDP) program and is designed only for children in foster care. It is the intent of the program that this fiscal augmentation, coupled with collaboration among local agencies, will provide additional public health nursing expertise with the goal of reaching a 1:200 PHN to child ratio. The DHS is currently augmenting county health CHDP budgets so that PHNs can be hired beginning January 1, 2000. The funding for this program does not allow the PHNs to provide direct services to children. The activities of the PHNs are limited to those administrative functions eligible for federal matching funds through the Medicaid (Title XIX) program. These activities are detailed in a Model Scope of Work that was included in the October 21, 1999 DHS

CHDP Program Letter No. 99-6. This Scope of Work for PHNs is attached to this letter for informational purposes. The program will allow for approximately 120 additional PHNs statewide. The PHNs are to be hired, trained and administratively supervised through the local health department and/or county welfare department, based on an agreement through collaboration within the local county government structure. These PHNs are to be physically co-located with county placement staff. Co-location of the PHNs is designed to allow welfare and probation departments to take advantage of the resource of public health nursing expertise.

Regardless of which local department administers the HCPCFC, the PHNs are to receive nursing supervision from a supervising public health nurse. Examples of nursing supervision might include determining the most appropriate medical/mental health resources for a particular child's condition, developing strategies to expand the provider network, and identifying health-related content for training programs. Administrative supervision may include determining priorities for PHN placement, including the PHN as a member of the multi-disciplinary team, and arranging orientation of the PHN to the child welfare system. Areas of joint supervision could include developing strategies for working with a substitute care provider who is reluctant to follow the child's recommended health plan, or ensuring that the PHN activities meet guidelines for federal financial participation.

During the six-month period from January 1, 2000 to June 30, 2000 the local health, welfare and probation departments will operate the HCPCFC under an interim "Letter of Agreement." This Letter of Agreement was distributed to local CHDP program offices in the DHS CHDP Program Letter No. 99-6 dated October 21, 1999. A copy of this Letter of Agreement is enclosed. This Letter of Agreement should designate the local agency with fiscal responsibility and must be signed and returned to DHS Children's Medical Services Branch by the local CHDP program prior to the transfer of HCPCFC funds to the counties and local health jurisdictions on January 1, 2000.

The attached sample MOU outlines suggested activities of the local child welfare agency, the local probation department and PHNs. This sample MOU has already been mailed to local health department CHDP Program Directors and Deputy Directors by DHS. Collaboration among the local health, welfare and probation departments in the development of local MOUs is fundamental to the success of this new program. The goal of the program is to create a more timely, comprehensive system of health service delivery to children in foster care.

We are requesting that local welfare and probation departments meet with the designated county CHDP program staff to sign the Letter of Agreement (if not already signed) and to begin development of the required MOU for FY 2000/01. The MOU should be tailored to meet the unique needs of each county. The MOU should delineate the roles and responsibilities of the PHN, social worker and probation officer in implementing this program. It should reflect the health care needs of the foster care population, the staffing resources available, and the implementation priorities.

CDSS and DHS will jointly conduct regional orientations about the program during the first quarter of 2000. Additional information about these sessions will be mailed to you at a future date.

All County Letter  
Page Three

Two copies of the completed, signed MOU must be submitted to the Department of Social Services, Foster Care Services Bureau, Placement Resources Unit, 744 P Street, MS 19-70, Sacramento, California 95814 **and** to the Department of Health Services, Children's Medical Services Branch, Room 350, 714 P Street, Sacramento, California 95814 prior to June 30, 2000.

For questions or additional information about the HCPCFC or completion of the MOU, please contact Lou Del Gaudio, Manager, CDSS Placement Resources Unit, Foster Care Services Bureau, at (916) 445-7001 or Maggie Petersen, Nurse Consultant III, DHS Children's Medical Services Branch at (916) 657-0614.

Sincerely,

**Original Signed on 12/21/99 by  
WESLEY A. BEERS**

WESLEY A. BEERS, Acting Deputy Director  
Children and Family Services Division  
California Department of Social Services

**Original Signed on 12/21/99 by  
TAMERON MITCHELL**

TAMERON MITCHELL, RD. M.P.H., Deputy Director  
Primary Care and Family Health Division  
California Department of Health Services

Attachments

## Sample Memorandum of Understanding

### SUGGESTED AREAS OF RESPONSIBILITY FOR CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PUBLIC HEALTH NURSES (PHNs) AND CHILD WELFARE SERVICES (CWS) AGENCY SOCIAL WORKERS AND PROBATION OFFICERS IN THE HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC)

<b>Service Provided</b>	<b>Local CHDP Responsibilities Foster Care PHN</b>	<b>Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer</b>
<b>Location</b>	PHN will be located in the CWS agency with accessibility to all team members	PHN will be located in the CWS agency with accessibility to all team members servicing children in foster care, including any PHNs currently working in CWS.
<b>Supervision</b>	PHN will be supervised by PHN in the local CHDP program with administrative supervision from CWS agency staff based on agreement through collaboration within the local county government structure.	CWS agency/Supervising Probation Officer will provide input to the supervising PHN.
<b>Accessing Resources</b>	<p>PHN will identify health care providers in the community.</p> <p>PHN will evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers.</p> <p>PHN will serve as a resource to facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.) referrals to early intervention providers, specialty providers, dentists, mental health providers, CCS and other community programs.</p> <p>PHN will assist PHNs in the child's county of residence to identify and access resources to address the health care needs of children placed out of county.</p>	<p>CWS agency Social Worker/Probation Officer will work with PHN to ensure that all children in foster care are referred for health services appropriate to age and health status on a timely basis.</p> <p>CWS agency Social Worker/Probation Officer will work with the substitute care provider (SCP) and the PHN to identify an appropriate health care provider for the child.</p> <p>CWS agency Social Worker/Probation Officer will work with the PHN to ensure that children placed out of county have access to health services appropriate to age and health status.</p>

<b>Service Provided</b>	<b>Local CHDP Responsibilities Foster Care PHN</b>	<b>Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer</b>
<b>Health Care Planning and Coordination</b>	<p>PHN will interpret health care reports for social worker/probation officers and others as needed.</p> <p>PHN will develop a health plan for each child expected to remain in foster care.</p> <p>PHN will work with SCP to ensure that the child's Health and Education Passport or its equivalent is updated.</p> <p>PHN will assist SCP in obtaining timely comprehensive assessments.</p> <p>PHN will expedite timely referrals for medical, dental, developmental, and mental health services.</p> <p>PHN will assist social worker/probation officer in obtaining additional services necessary to educate and/or support the SCP in providing for the special health care needs, including but not limited to Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS).</p> <p>PHN will obtain and provide health care documentation when necessary to support the request for health care services.</p> <p>PHN will collaborate with social worker/probation officer, biological parent when possible and SCP to ensure that necessary medical/health care information is available to those persons responsible for providing health care for the child, including a copy of the Health Education Passport (HEP) to the SCP.</p> <p>PHN will assist social worker/probation officer to assess the suitability of the foster care placement in light of the health care needs of the child.</p> <p>PHN will collaborate with the social worker/probation officer and SCP to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</p> <p>PHN will review child's health plan with social worker/probation officer as needed and at least every six months.</p>	<p>Child's Social Worker/Probation Officer will collaborate with PHN to develop a health plan which identifies the health care needs and service priorities for each child expected to remain in foster care for 6 months or longer.</p> <p>Social Worker/Probation Officer or designee will incorporate health plan into child's case record.</p> <p>Social Worker/Probation Officer will assemble and provide health care documentation to the court when necessary to support the request for health care services.</p> <p>Social Worker/Probation Officer will collaborate to complete and keep current the child's Health and Education Passport or its equivalent and provide a copy of the HEP to the SCP.</p> <p>Social Worker/Probation Officer will consult with the PHN to assess the suitability of the foster care placement in light of the health care needs of the child.</p> <p>Social Worker/Probation Officer will collaborate with the PHN and SCP to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</p> <p>Social Worker/Probation Officer will review child's health plan with PHN at least every six months and before every court hearing relevant information will be incorporated into the HEP and court report.</p>

<b>Service Provided</b>	<b>Local CHDP Responsibilities Foster Care PHN</b>	<b>Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer</b>
<b>Training/ Orientation</b>	<p>PHN will participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in foster care.</p> <p>PHN will educate social workers, juvenile court staff, SCPs, school nurses and others about the health care needs of children in foster care.</p>	<p>CWS agency staff/Probation Officers will provide input to PHN in developing curriculum for training others about health care needs of children in foster care.</p> <p>CWS agency staff/Probation Officers will collaborate with PHNs in educating juvenile court staff, SCPs, and others about the health care needs of children in foster care.</p> <p>CWS agency personnel will arrange for PHN access to the Child Welfare Services/Case Management System (CWS /CMS) system and provide training in its use.</p>
<b>Policy/ Procedure Development</b>	<p>PHN will provide program consultation to CDSS/ Probation Departments in the development and implementation of the EPSDT/CHDP program policies related to the HCPCFC.</p> <p>PHN will participate in multi-disciplinary meetings for review of health-related issues.</p>	<p>CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.</p>
<b>Transition from Foster Care</b>	<p>PHN will provide assistance to the Social Worker/Probation Officer and the child leaving foster care on the availability of options of health care coverage and community resources to meet the health care needs upon emancipation.</p>	<p>CWS agency staff/Probation Officers will collaborate with PHN to assure that person leaving foster care supervision is aware and connected to resources for independent living.</p>

<b>Service Provided</b>	<b>Local CHDP Responsibilities Foster Care PHN</b>	<b>Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer</b>
<b>Quality Assurance</b>	<p>PHN will conduct joint reviews of case records for documentation of health care services with CWS agency/Probation Department.</p> <p>PHN will work with CWS agency/Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team</p> <p>PHN will establish baseline data for evaluating health care services provided to children in foster care.</p>	<p>CWS agency staff/Probation Officers will conduct joint reviews of case records for documentation of health care services</p> <p>CWS agency/Probation Department will work with PHN to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.</p> <p>CWS agency/Probation Officers will collaborate and assist PHN in gathering data.</p>

**MEMORANDUM OF UNDERSTANDING**  
**Health Care Program for Children In Foster Care**

This Memorandum of Understanding is in effect from July 1, 2000 through June 30, 2001 unless revised by mutual agreement. In the event that changes in federal or state requirements impact the current Memorandum of Understanding, the local health department, social services department, and probation department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

\_\_\_\_\_  
Child Health and Disability Prevention Program Director

\_\_\_\_\_  
County Social Services Department Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Probation Officer

\_\_\_\_\_  
Date

Health Care Program for Children in Foster Care  
Letter of Agreement

The State Budget Act of 1999 appropriated State General Funds to the California Department of Social Services for increasing public health nurses (PHNs) time to meet the health care needs of children in foster care. These funds are being transferred to the Department of Health Services for distribution through the State Child Health and Disability Prevention (CHDP) Program to the local CHDP program in the form of a budget augmentation.

These funds are available based on the following terms of agreement:

- The local CHDP program agrees to provide program oversight of the activities of the PHNs.
- The Child Welfare Service (CWS) agency will provide workspace for the PHN among CWS agency staff.
- The CWS agency and probation departments agree to designate a liaison to assist in the implementation of the Health Care Program for Children in Foster Care.
- The CWS agency, Probation Department, and the CHDP program agree to work collaboratively in the development of a Memorandum of Understanding (MOU) which must be submitted prior to Fiscal Year 2000-2001.
- The activities of the PHNs funded through the Health Care for Children in Foster Care Program are limited to those administrative functions that are eligible for federal matching funds through the Medicaid (Title XIX) program.

\_\_\_\_\_  
Child Health and Disability Prevention Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Social Services Department Director and/or  
County Child Welfare Agency Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Probation Department Director

\_\_\_\_\_  
Date

**Children's Medical Services Branch**  
Health Care Program for Children in Foster Care  
*Scope of Work*

*Page 1 of 8*

**Goals:**

- I. The health care needs of each child in protective services custody will be identified and addressed by qualified professionals in a timely manner.
- II. A comprehensive plan of health care will be developed, documented, and routinely updated in the case record of each child in foster care.
- III. A pool of qualified providers will be available to provide needed health care services to each child in foster care on a timely basis.
- IV. The child's case record will include the information needed to determine the health needs and health status of the child throughout his or her time in foster care.

#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
1.	I	Information regarding the health status and health care needs of each child in foster care will be documented in the child's case record, Health Education Passport (HEP) or its equivalent.	<ol style="list-style-type: none"> <li>1. The Foster Care PHN will identify and obtain available health information for the child and use this to prioritize the child's immediate and ongoing health care needs.</li> <li>a) When possible, the PHN will conduct intake interviews with the child's family/caregivers when the child is first removed from the home to obtain information on the child's current health status, health care needs, and current care providers.</li> <li>b) The PHN will gather and/or interpret information from parents, substitute care providers (SCP), health care providers, schools, and other sources regarding the child's health history and/or current health care needs.</li> <li>c) The PHN will schedule and otherwise arrange for the initial comprehensive health screening examination (a CHDP exam or its equivalent) within 30 days of the child's entry into foster care.</li> <li>d) The PHN will interpret the results of the CHDP exam (or its equivalent) and schedule or otherwise arrange additional assessment, diagnostic, or treatment services when indicated, including dental,</li> </ol>	1/2000	6/30/00	<p>The child's health status and health care needs at the time he/she is removed from the home will be documented in the child's case record.</p> <p>A HEP will be initiated and include information on the child's health history when available.</p> <p>Within 14 days of the child's entry into foster care, an appointment for an initial health screening will be scheduled and documented in the child's case record.</p> <p>Within 30 days of entry into foster care, the child will have received a comprehensive health screening and the</p>

**Definitions /Abbreviations:** 12/22/99

Child in Foster Care: A court dependent placed with a relative, foster family, foster agency, or group home, or a ward of the court placed in foster care whose placement is funded by AFDC-FC funds.

Health care needs: The preventive and treatment services needed to ensure that the child's physical, behavioral, dental and developmental health is maintained at the optimum level possible for the child.

Health Plan (HP): A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.

HEP: The Health Education Passport which includes information pertaining to the child's health history and is documented in the CWS/CMS record.

SCP: The Substitute Care Provider is the person, family, or group home with whom the child is placed upon removal from his/her home.

**Children's Medical Services Branch**  
Health Care Program for Children in Foster Care  
*Scope of Work*

Page 2 of 8

#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
2.	II	A health plan will be developed and included in the case record of children placed in foster care, including probation youth.	<p>mental health and developmental assessments.</p> <ol style="list-style-type: none"> <li>1) The PHN will collaborate with the child's social worker/P.O. to develop a health plan for the child that identifies, and prioritizes, the services necessary to further assess or address the child's health care needs.</li> <li>2) In collaboration with the social worker/P.O., the PHN will incorporate input from the child's family (when available) and/or SCP and health care providers into the child's health plan on an ongoing basis.</li> <li>3) The PHN will collaborate with the social worker/P.O. to implement the health care services recommended for the child.</li> </ol>			<p>results of that examination will be documented in the child's case record.*</p> <p>Initial appointments for all necessary health care services identified through the health screening will be scheduled and documented in the case record within 30 days of the comprehensive health screening.</p> <p>A health plan which incorporates the results of the comprehensive health screen and any additional health information available will be documented in the child's case record within 30 days of the child's initial health screening.</p> <p>Information on the child's current health status and anticipated needs for health care services will be documented in a health plan and included in the child's case record.</p>

\* DSS requirement

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Health care needs: The preventive and treatment services needed to ensure that the child's physical, behavioral, dental and developmental health is maintained at the optimum level possible for the child.

Health Plan (HP): A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.

HEP: The Health Education Passport which includes information pertaining to the child's health history and is documented in the CWS/CMS record.

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**Children's Medical Services Branch**  
Health Care Program for Children in Foster Care  
*Scope of Work*

Page 3 of 8

#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
3.	II	The needed health care services identified in the initial health screen will be included in the child's health plan and completed within 60 days of the initial screen.**	<ol style="list-style-type: none"> <li>1) The PHN will collaborate with (other) CHDP program staff to identify providers in the community qualified and willing to provide the necessary health care services.</li> <li>2) If requested, the PHN will assemble and provide documentation to the court when necessary for the social worker/P.O. to support the request for health care services.</li> <li>3) The PHN will schedule and otherwise arrange health care appointments for the child as necessary to ensure timely services.</li> <li>4) For children in foster care placed out of the county of residence, the PHN will work with the foster care PHN in the county of placement to locate and arrange for needed health care services.</li> <li>5) The PHN will collaborate with the social worker/P.O. and the SCP to provide necessary health care information to all persons involved in the child's care.</li> <li>a) The PHN will work with the social worker/PO to ensure that the SCP receives a copy of the HEP, and that the HEP follows the child when the child changes placement.</li> </ol>			<p>Necessary health care services will have been received within 60 days of the initial health screening and be documented in the child's case record.**</p> <p>The CMS/CWS record will show that efforts are being made to attain or maintain preventive and treatment health care services appropriate to his/her age and health status.</p> <p>A PHN contact in the originating and placement county (where applicable) for each child in foster care will be documented in the child's case record.</p> <p>All information necessary to provide appropriate health care for the child as well as a record of services provided while the child is in placement will be included in the Health and Education Passport.</p>

\*\* EPSDT requirement

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Health Plan (HP): A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.

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**Children's Medical Services Branch**  
Health Care Program for Children in Foster Care

### *Scope of Work*

Page 4 of 8

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			<p>b) The PHN will work with the SCP to keep the child's HEP current to reflect pertinent health history and services provided since the child's entry into foster care.</p> <p>c) The PHN will work with the social worker, P.O., and SCP to establish an appropriate, consistent, and convenient source of primary care that will serve as the child's "medical home" for periodic and episodic care</p> <p>6) The PHN will assist the social worker/P.O. to select, when applicable, a long-term SCP appropriate to the health care needs of the child.</p> <p>7) The PHN will work with the health care provider and the social worker/P.O. to assist the SCP to understand the child's health care needs and to receive the training necessary to provide appropriate care.</p> <p>8) When necessary, the PHN will attempt to secure the additional services necessary to support the SCP in providing for the child's health care needs, including but not limited to EPSDT-SS.</p> <p>9) The PHN will facilitate referrals to the California Children Services (CCS) program when appropriate.</p>			<p>The name of a primary care provider--preferably a CHDP provider--who will serve as a consistent source of primary care for the child while s/he remains in placement will be documented in the child's case record.</p> <p>Referrals for, and receipt of necessary services for children with special health care needs will be documented in the case record.</p>

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**Health Plan (HP):** A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.

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**Children's Medical Services Branch**  
Health Care Program for Children in Foster Care  
*Scope of Work*

Page 5 of 8

#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
4.	II	The health plan of children in foster care will be reviewed and updated on a regular basis, and kept current with each health care occurrence.	<ol style="list-style-type: none"> <li>1) The PHN will collaborate with the social worker/P.O. to develop and/or maintain a system for tracking and follow-up on changes in the health care status of the child, services needs, effectiveness of services provided, etc.</li> <li>2) The child's health plan will be reviewed by the PHN, the child's social worker/P.O., and the SCP and updated as necessary to keep current with the child's health care needs.</li> <li>3) The PHN will collaborate with the social worker/P.O. to determine the need for, and to secure additional health care services as necessary.</li> </ol>			<p>Written reports from all providers of court ordered health care services will be included in the child's case record.</p> <p>Health care provider recommendations will be reflected and incorporated into the child's health plan to the extent possible.</p> <p>A review and update to the child's health plan will be documented at least every 6 months.</p> <p>The date and type of services requested, initiated, and completed will be documented in the case record.</p>
5.	III	The network of providers qualified and willing to accept a referral of a child in foster care for services will be sufficient to ensure that assessment and/or treatment services are available within 30 days of the referral.	<ol style="list-style-type: none"> <li>1) The PHN will collaborate with local CHDP program staff in evaluating the adequacy of the referral network including the number and qualifications of CHDP and CCS providers of primary and specialty health care, pediatric dentists, and mental health professionals qualified to care for children and adolescents.</li> <li>2) The PHN will collaborate with other staff in CMS, County Mental Health, etc., to identify and recruit additional qualified providers willing to care for children in foster care.</li> </ol>			<p>A current provider list will be available.</p>

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**Children's Medical Services Branch**  
Health Care Program for Children in Foster Care  
*Scope of Work*

Page 6 of 8

#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
6.		A quality assurance/quality improvement (QA/QI) plan to evaluate and modify (as necessary) the operation of the Health Care Program for Children in Foster Care will be implemented.	<p>3) The PHN will participate in the development and provision of educational programs for health care providers to increase awareness of and interest in the health care needs of children in foster care.</p> <p>1) The PHN will collaborate with County/City PHN and Child Welfare Services Foster Care staff to develop and implement a quality assurance/quality improvement plan for the Health Care for Children in Foster Care program.</p> <p>2) QA/QI activities may include review and analysis of case records including data such as:</p> <p>a) Inclusion of health plan and health status information in child's case record/HEP.</p> <p>b) Time elapsed between when assessment or treatment service recommended or court ordered and when initiated and/or completed.</p> <p>c) Inclusion of health status information and related recommendations in social worker/P.O. court reports when relevant and/or required by statute or regulation.</p> <p>d) Number of Health Education Passports issued to and/or kept complete by SCPs.</p> <p>e) Numbers of CHDP/CCS providers providing</p>			<p>Educational programs will be documented, including course outline, list of attendees, and course evaluations.</p> <p>Systems, procedures, and protocols have been developed or modified to assure the QA/QI findings are implemented</p> <p>Timeframes specified in applicable statutes and regulations will be met.</p> <p>The number of HEPs issued will increase, and data included will be up-</p>

**Definitions /Abbreviations:** 12/22/99

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Health care needs: The preventive and treatment services needed to ensure that the child's physical, behavioral, dental and developmental health is maintained at the optimum level possible for the child.

Health Plan (HP): A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.

HEP: The Health Education Passport which includes information pertaining to the child's health history and is documented in the CWS/CMS record.

SCP: The Substitute Care Provider is the person, family, or group home with whom the child is placed upon removal from his/her home.

**Children's Medical Services Branch**  
Health Care Program for Children in Foster Care  
*Scope of Work*

Page 7 of 8

#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
7.	I	Education and technical assistance will be provided to social workers/P.O.s, juvenile court staff and SCPs in all California counties.	<p>care to foster care children in the county.</p> <p>f) Time elapsed between attempt to schedule health appointment and first available opening by type of service (health screen, specialty care, etc.)</p> <p>2) The local CHDP program will maintain documentation of the date of record review, report of the findings, and recommendations for modifying the implementation of the Health Care Program for Children in Foster Care.</p> <p>1) The Foster Care PHN supervisor or designee will collaborate with State CMS staff and State and local CWS/probation department staff to design, arrange, and/or conduct educational programs for social worker/P.O.s, judges, SCPs, and others to provide additional training regarding the health care needs of the child, and recognition of actual or potential health problems.</p> <p>a) Educational programs for social worker/P.O.s may include training intake workers to recognize health conditions or injuries requiring immediate medical attention; importance of ongoing preventive care and early intervention; development of an individualized health care plan for the child; ongoing evaluation and planning for child's health care needs including "family-centered" planning, etc.</p> <p>b) Training programs for juvenile court (judges, attorneys, advocates) will be optional and may focus</p>			<p>to-date.</p> <p>The pool of qualified providers serving children in foster care will be sufficient to ensure that necessary health care services can be accessed in a timely manner.</p> <p>Educational programs offered including course outline, lists of attendees, and course evaluations, will be documented in the PHN training log.</p> <p>Number of social worker/P.O.s, judges, and foster care providers who have participated in educational program will be documented.</p> <p>The number and nature of trainings provided and/or requests for training and/or technical assistance will be documented in the PHN training log.</p>

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**Children's Medical Services Branch**  
Health Care Program for Children in Foster Care  
*Scope of Work*

Page 8 of 8

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8.		PHNs working in the Health Care Program for Children in Foster Care will collaborate with colleagues in other counties/cities to expand and share strategies for addressing the health care needs of the population of children in foster care.	<p>on importance of early and ongoing assessment of child's health status including nutritional, physical, dental, mental health and developmental needs; the individualized health care plan; medications, including psychotherapeutic agents; referral health resources in the community; and, other topics of specific interest and relevance.</p> <p>c) Training for SCPs address the HEP and the importance of ongoing preventive care, early intervention and treatment, choosing a "Medical Home" for the child, and the role/responsibility of the Foster Care "Team" in sharing and protecting information re: the child's health needs and status.</p> <p>1) The FC/PHN supervisor (s) or designee(s) will attend regional meetings and training programs to identify strengths, barriers, and strategies for effectively addressing the health care needs of children in foster care.</p> <p>2) The FC/PHN supervisor(s) or designee(s) will participate in designing an evaluation to address impact of the PHN role on health outcomes for children in foster care.</p>			<p>Attendance and issues/actions at regional meetings will be documented.</p> <p>PHNs will implement and document their role in evaluation.</p>

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