



Department of Public Health

**NEVADA COUNTY BOARD OF SUPERVISORS
Board Agenda Memo**

MEETING DATE: February 25, 2025
TO: Board of Supervisors
FROM: **Kathy Cahill, MPH, Director of Public Health**
SUBJECT: Resolution approving the renewal of Nevada County’s Health Care Program for Children in Foster Care (HCPCFC) for Fiscal Year 2024/2025.

RECOMMENDATION: Approve the attached Resolution.

FUNDING: These are mandated, ongoing Department services. Funding sources include federal and state dollars from the Department of Health Care Services and realignment monies. There are no county general fund dollars required.

The plan’s projected total state and federal Title XIX funding for 2024/2025 is \$383,590. Services were budgeted in the Department’s FY 2024/2025 budget.

BACKGROUND: The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program located in county child welfare service agencies and probation departments to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth in out of home placement. The program functions as part of local Child Welfare Departments, bridging the unique social determinates of health experienced by this population and providers of health services. The goals and objectives of the HCPCFC are common to the health, welfare, and probation departments and are implemented through close collaboration and cooperation among this multi-disciplinary, interdepartmental team. The program has established a process through which PHNs consult and collaborate with the foster care team to promote access to comprehensive preventive health and specialty services.

Through the HCPCFC, PHNs under the supervision of a senior supervising public health nurse provide the following services in consultation and collaboration with social workers and probation officers.

- Medical and health care case planning;
- Help foster caregivers to obtain timely comprehensive health assessments and dental examinations,

- Expedite referrals for medical, dental, mental health and developmental services;
- Coordinate health services for children in out-of-county and out-of-state placements;
- Provide medical education through the interpretation of medical reports and training for foster team members on the special health care needs of children and youth in foster care;
- Participate in the creation and updating of the Health and Education Passport for every child as required by law.

Approval of the HCPCFC Plan by the Board of Supervisors is required before the County's FY 2024/2025 Plan is officially approved by State Department of Health Care Services (DHCS), Integrated Systems of Care Division. The HCPCFC Program was initially a part of the Children's Medical Services Branch which included the Child Health and Disability Prevention (CHDP) Program. In June of 2022, SB 184 (Chapter 47, Statutes of 2022) was enacted which required DHCS to conduct stakeholder process on program changes. This statute authorized DHCS to sunset the CHDP Program and establish the Health Care Program for Children In Foster Care as a standalone program, effective July 1, 2024.

In 1998, the Foster Care Children's Task Force published Code Blue: Health Services for Children in Foster. The task force recommended a system of health care for children in foster care that would improve coordination and delivery of services in counties through the utilization of PHNs. As a result, Assembly Bill (AB) 1111 (Chapter 147, Statutes of 1999) enacted WIC 16501.3 establishing the HCPCFC program

Children and youth in foster care typically have higher rates of serious health, emotional, behavioral, and developmental problems compared to other children and youth from the same socio-economic background. Foster children and youth have an extraordinary need for intensive management and coordination of timely access to health services for evaluation, treatment of complex health problems, and continuity of care. Between 2019 and 2021, a statewide average of 26.5% of foster children and youth in care for 12 months or more had undergone 3 or more placement changes.³ Placement changes are transitions that can often result in a profound break in continuity of care. The need to transition from one health plan to another, providers, pharmacies, and support networks exacerbates the already existing challenges posed by complex health needs and the loss of oversight of a central caregiver with knowledge of the child or youth's health history. Adding to these challenges are changing social workers, and/or initiation of services from a variety of programs and providers, such as Enhanced Care Management (ECM), California Children's Services Program (CCS), Regional Centers, hospital or health system outreach and follow up systems, specialty mental health services, wrap around services, etc.^{4, 6, 7, 8} HCPCFC utilizes a comprehensive shared nursing care management model, serving as a central point of contact to bridge and connect all entities providing health services and support, to meet the unique health needs of this population.

Legislation defined components of this program and added it to the Welfare and Institutions Code, Section 16501.3 (a) through (e). Included elements in the program are:

- Collecting health information and other relevant data on each foster child as available, receiving all collected information to determine appropriate referrals and services, and expediting referrals to providers in the community for early intervention services, specialty services, dental care, mental health services, and other health-related services required by the child.
- Participating in medical care planning and coordinating for the child. This may include, but is not limited to, assisting case workers in arranging for comprehensive

health and mental health assessments, interpreting the results of health assessments or evaluations for the purpose of case planning and coordination, facilitating the acquisition of any necessary court authorizations for procedures or medications, advocating for the health care needs of the child and ensuring the creation of linkage among various providers of care.

- Providing follow-up contact to assess the child's progress in meeting treatment goals.
- Monitoring of psychotropic medications.

It is recommended that the Board approve renewal of this newly re-imagined stand-alone Health Care Program for Children in Foster Care plan as it is a requirement by the Department of Health Care Services to provide services to the vulnerable foster care population through public health nursing services as part of a multi-disciplinary, interdepartmental team to promote and enhance the physical, mental, dental, and developmental well-being of children and youth in the Child Welfare System.

Approved by: Kathy Cahill, MPH, Director of Public Health