California Department of Health Services
Children's Medical Services Branch
Child Health and Disability Prevention Program

California Statewide Guidelines for Public Health Nursing in Child Welfare Services

Special Project of
Children's Medical Services Branch
Coordinated by San Francisco City and County
Child Health and Disability Prevention Program

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Preface

The knowledge of health problems among children in foster care has been given attention during the past ten to fifteen years. In the late 1980's, the Child Welfare League of America (CWLA) and the American Academy of Pediatrics (AAP) convened to address the fragmentation of services. They outlined specific recommendations in six major areas that included health assessments, access to ongoing health care services, health service management, medical information system, training, and interagency coordination.

In 1996, California was one of five states chosen to participate in a three-year State Institute organized by the National Academy for State Health Policy.[1] California's workplan for the State Institute on Improving Health Care for Children in Foster Care proposed several projects. Under the leadership of Maridee A. Gregory, M.D., Chief of the Children's Medical Services Branch of the California Department of Health Services and Marjorie Kelly, Deputy Director of the Children and Family Services Division of the California Department of Social Services, these projects, among others, included the formation of a statewide steering committee, guidelines for health professionals serving children in foster care, and statewide guidelines for public health nurses in foster care.

The statewide steering committee and the Institute for Research on Women and Families at California State University, Sacramento, collaborated in creating a task force in September 1997 known as the "California Foster Children's Health Project". This task force was composed of health care professionals, social service professionals, child advocates, policy experts, and others with expertise in foster care. The recommendations of the task force addressed systemic problems limiting access to coordinated, comprehensive, and quality physical and mental health care for children in foster care. These recommendations were released in March 1998 as *Code Blue: Health Services for Children in Foster Care.*

In 1997, the Child Health and Disability Prevention (CHDP) Program of the County and City of San Francisco was invited to coordinate a special project to create a statewide guidelines manual for public health nursing practice with children in foster care or out-of-home placement. The goal of the manual, which follows, is to provide guidelines for public health nurses working in collaboration with social services case managers to assess, plan, intervene, and evaluate the health status of children in foster care.

[1] The four other states in the project are Alaska, Utah, Massachusetts, and Texas.

The development of these guidelines considered several key concerns. These included: (a) the prompt identification of medical, dental, mental and developmental health needs of children in out-of-home placement; (b) the need for appropriate, timely, and efficient interventions performed by various health care providers; (c) the implementation of competent health care services; and (d) the evaluation of the health care plan and services received.

The guidelines were developed through eight group meetings, called "forums". These meetings were held in various sites around the state of California (Woodland, Fresno, Los Angeles, San Francisco, and Redding). A total of 135 people participated from 47 California counties—CHDP deputy directors (38), child social services leaders (32), supervising PHNs, PHNs working with children through the CHDP program including those in foster care and PHNs working solely with children in the child welfare services system (65).

The forums were actual work-meetings. The participants shared their knowledge, insight, and concerns through focused group discussion, small and large group critical analysis of problems, and group exploration of possible solutions. In addition, participants provided written insight into current practices for health case coordination of children in foster care and the systematic workings of their particular counties through worksheets prepared especially for the forums.

Each forum followed the same format — a format which was designed to maximize opportunities for the participants to share key information about problem areas and strategies for meeting the health care needs of children in out-of-home placement. All materials produced at each forum, i.e., work charts, work sheets, written insight and information, and tapes of the discussions, were analyzed and organized into a draft document of the results. This draft was then analyzed with recommendations submitted by several experienced public health nurses in foster care throughout the state.

These *Guidelines* contain information that can be used to inform directors of health and social services about the unique role of the PHN in the child welfare system. It can also be used as an overview for public health nurses entering into this challenging and specialized field.

Special Acknowledgements

Many have participated in the development of the California Statewide Guidelines for Public Health Nurses in Child Welfare Services.

This special project would not have been possible without the leadership of Maridee Gregory,M.D., Chief of Children's Medical Services Branch. The California Statewide Guidelines for Public Health Nurses in Child Welfare Services is part of her vision for "Improving Health Services for Children in Foster Care''.

The CHDP Program of the City and County of San Francisco under the leadership of Twila Brown, RN, NP, MPH, willingly accepted the invitation to develop this special project. Rebecca Carabez, R.N, M.S. special project coordinator for bringing the Guidelines to a reality, organizing the eight Foster Care Forums, writing final draft, facilitating conference calls and assembling Guidelines manual lay-out. Lana Miller, RN, PhD, CMS Nurse Consultant, contributed numerous hours to researching data, editing, and formatting.

Many thanks to special project consultant MarySue Heilemann, RN, PhD for facilitating the Foster Care Forums, compiling information and writing the first drafts of the Guidelines.

A special thanks to the participants in the Foster Care Forums for sharing their knowledge, insight, and concerns and exploring ways to improve health care services for children in out-of-home placement.

Northern California - Woodland
Amerjit Bhattal, Traci Corda, Judy Gilchrist, Georgia Hunter, Beverly Ireland, Judy Lehman, Martha Lehman, Alice Litton, Cindy Melvin, Robert Oxley, Angela Parish, Judy Pierini, Sandra Rothe, Dottie Ruppert, Maureen Saunders, Sue Tuana, Ginny Tuscano, Judy Tuttle, Connie Vaccarezza, Steve Van Tine, Vickie Winkler, Carol Wolff, Kris Youngman,

Northern California - Redding
Elan Bagwill, Cassie Burgess, Karen Carlson, Sharon Croswell, Ed Dimock, Ellen Freeman, Terri Funk, Barbara Gossage, Christine Haggard, David Hanna, Karen L. Krumenacker, Kim Miller, Linda Nelson, Sandy Norton, Phil Paulsen, Jenny Vereschagin, Genney Wakeman

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Many thanks to those who assisted in organizing the Foster Care Forums: Tressa Hayes, Laverne Navarro, Cherine Fanning for the Los Angeles site; Margaret Wing for the Fresno site; Tracy Corda for the Woodland site; and Genny Wakeman and Vanessa Knopf for the Redding site. They gave generously and contributed to the success of the Forums.

The Guidelines were clarified and edited through the invaluable assistance from public health nurses across local health departments in California: City of Berkeley, Butte, Fresno, Humboldt, Los Angeles, Marin, Merced, Orange, San Bernardino, San Diego, San Francisco, Santa Clara, Sonoma, and Ventura. A special thanks to Jean Whittiker, RN, MSN, Maggie Petersen, PNP, MSN, and other CMS nurse consultants for their valuable review and input into the creation of the final document.

Table of Contents

California Statewide Guidelines for Public Health Nursing in Child Welfare Services

Introduction

These *Guidelines* describe the emerging role and activities of public health nursing within Child Welfare Services. The first section recognizes the public health nurse (PHN) as one of the team members working with children in out-of-home placement, reviews the system of services provided through child welfare agencies and identifies the critical periods for PHN involvement in addressing complex health care needs of children in out-of-home placement.

The role and skills of PHNs in the child welfare system are examined prior to explicating the work of public health nursing in child-focused and system-focused areas. A registered nurse with a bachelor's degree level of education and public health nursing experience in growth and development of children, multidisciplinary collaboration, interagency coordination, and health care systems enable unique contributions to the team. The principal activities of PHNs in child-focused and system-focused areas are presented by using four interactive processes — assessing needs, developing a plan of action, implementing a plan of action, and evaluating the effects of actions.

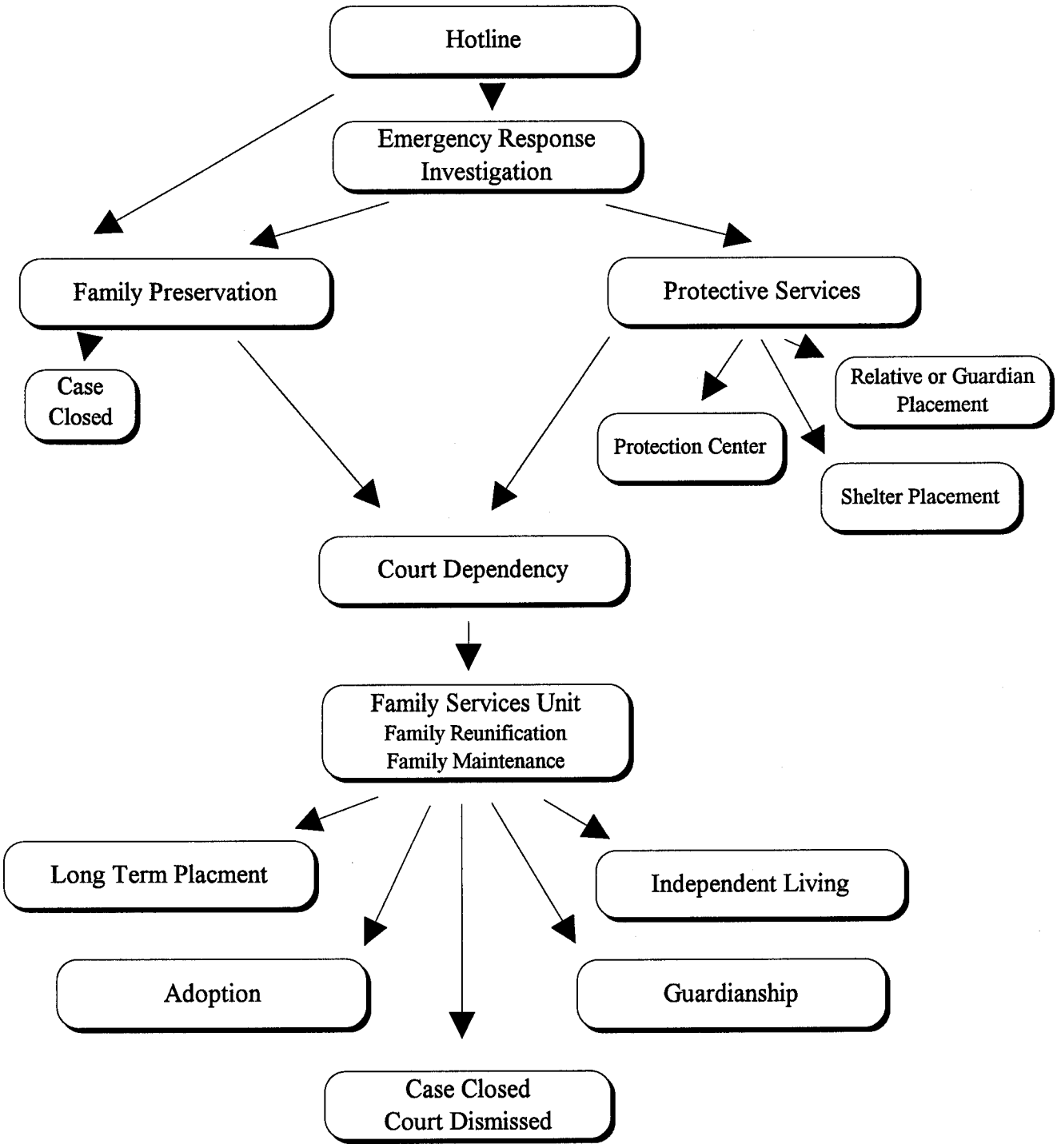
Public Health Nursing in Child Welfare Services

Child welfare services have been instituted to protect and promote the welfare and safety of all children. As shown in Figure 1, child welfare services include those of emergency response, family preservation, family maintenance, family reunification, permanent placement, and adoption.

Foster care, or out-of-home placement of children, or foster care, is intended to be a planned, temporary service to strengthen families and to enhance the quality of life for children. During the period of placement, families are to receive the social support and counsel they require to be reunited. The child's social worker[1] has the

[1] The social worker is the child's case manager. Throughout this document, the name "social worker" is meant to include this understanding. See Appendix A for a Glossary of Terms.

Figure 1 **Child Welfare Services System**



responsibility to ensure the child's educational, social, emotional, and medical needs are met and uses the child's case plan as the guiding principle in the provision of these services.

In the child welfare system, children have the opportunity to benefit from timely, competent, appropriate, quality, and coordinated services. Many child welfare agencies adopt team approaches to meet the complex needs of children in foster care. Among agencies implementing a team approach, team members may include, but are not limited to, social workers, public health nurses, mental health professionals, physicians, substance abuse counselors, home visitors, clinic staff, foster care providers, other health care providers, parenting programs, regional centers, and school nurses.

The public health nurse (PHN) is a team member working in collaboration with the child's social worker. Public health nursing in the child welfare agency focuses on facilitating the delivery of appropriate health services to meet the health needs of the child at various critical periods. This may be accomplished through providing consultation and assistance to social workers to address specific needs of a child, and through data gathering, training, developing resources, and recommending policy to address specific needs of the system of service delivery. While the social worker is assigned to specific cases, the PHN may be assigned to a child welfare office, an emergency shelter, or a unit specializing in a specific population such as teens, Spanish-speaking clients or medically fragile infants.

Demographics of California Children in Foster Care

Nationally, there are an estimated 500,000 children in the foster care system. California numbers among the highest with approximately 110,000 children in out-of-home placement. More than forty percent of children in California are placed with relatives and approximately thirty percent are placed in non-relative foster family homes and group homes. Children remain in foster care an average of twenty months and at the time of case opening, average an age of 6.5 years. Nearly one-third of the children is white, one-third African-American, and one-third Hispanic.[2] In prior fiscal years, approximately one third of children living in out-of-home placements were less than 6 years of age, one-third were less than 12 years of age, and one third were less than 18 years of age.[3]

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[2] California Department of Social Services, Data Analysis and Publications Branch, 1998. See Appendix B. See also Population Estimates by Age, Race/Ethnicity and Sex, California 1995 http://www.dhs.cahwnet.gov/hisp/chs.

[3] California Department of Social Services, Data Analysis and Publications Branch Date, Foster Care Information System, Statewide Agency Combined, Characteristics of Children By Type of Placement Facility, Average Monthly Cases for Fiscal Years Ended June 1996 and June 1997.

Health Status of Children in Foster Care

Children in out-of-home placement have often been subjected to impoverished conditions, prenatal drug and alcohol exposure, unstable living conditions, lack of medical care, poor parenting, family dysfunction, and violence. Studies have shown that compared with other Medicaid beneficiaries, children in foster care suffer a higher incidence of medical, behavioral and emotional problems. They are seen for sick visits at a higher rate than other children and are highly represented in specialty clinics such as genetics and neurology.[4] Due to disrupted communication among foster care providers and health and social service professionals, children may receive duplicate services, follow-up appointments may be ignored or postponed, and health histories may be difficult to track.

Health Care Coverage and Health Services for Children in Child Welfare Services

When a child has been removed from their home, the child becomes eligible for health care coverage under Medicaid, known in California as Medi-Cal (medical and mental health) and Denti-Cal (dental). The scope of benefits are those of the Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) Program.[5] These benefits are established through eligibility determination processes in each county social services department. Social workers inform foster care providers about their rights to EPSDT benefits for children in their care; the importance and availability of preventive services; and how to access those services. California's Child Health and Disability Prevention (CHDP) programs in sixty-one local health departments statewide receive referrals from social workers in order to provide additional assistance in locating necessary services, including assistance to other local CHDP programs when children are living in out-of-county foster care placements.[6]

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[4] R. Chernoff, T. Combs-Orne, C. Risley-Curtiss, and A. Heisler, "Assessing the Health Status of Children Entering Foster Care," *Pediatrics 93* (1994): 594-601; N. Halfon, G. Berkowitz, and L. Klee, "Children in Foster Care in California: An Examination of Medicaid Reimbursed Health Services Utilization," *Pediatrics 89* (1992); 1230-1237; F. Kavaler and M.R. Swire, *Foster Child Health Care*, Lexington, MA: Lexington Books, D.C. Heath and Company; E.B. Schor, "The Foster Care System and Health Status of Foster Children," *Pediatrics 69* (1982): 521-528.

[5] See Appendix C for a description of how the Medicaid program may be useful for funding PHNs in child welfare agencies.

[6] Each local CHDP program and county social services department annually negotiates an Interagency Agreement outlining the areas of responsibility for basic and intensive informing, for accepting and following referrals.

Accessible health care services are necessary for routine preventive care and for treatment of emergent needs.[7] Child welfare services require evidence of a comprehensive well-child examination within thirty days of placement and may find immediate services are necessary at the time of screening children within seventy-two hours of removing a child from their home.

Children in out-of-home placement are at risk for unrecognized and untreated medical, dental, and mental health problems. Health conditions among children may be exacerbated by removing them from their home, and are compounded by the fragmented delivery of medical, dental, mental, and developmental health services.[8] It is within this system of services and needs that public health nurses have an important opportunity and role.

[7] Children with Medicaid insurance (Medi-Cal in California) receive a plastic Benefits Identification Card (BIC). Before the plastic BIC is issued, children may be given a paper Identification Card for Immediate Need.

[8] Participants in the Foster Care Forums identified their difficult experiences with accessing Medical, Dental, Mental Health, and Developmental Services for children in foster care. These difficulties are presented in a summary table on page 30 of this document.

Public Health Nursing in Child Welfare Services

Uniqueness
Purpose

Public Health Nursing in Child Welfare Services

Uniqueness and Purpose of the Public Health Nurse Working in Child Welfare Services

Historically, public health nurses have focused on vulnerable populations such as the elderly, orphans, immigrants, mothers and children and the chronically ill. While public health nursing is affected by multiple factors, as part of the health care system, public health nursing practice works with the community to promote health and prevent disease, injury and disability.[9]

Child welfare agencies and public health departments at county and state levels have recognized that public health nurses are in the best position to develop and implement the recommendations outlined by the Child Welfare League of America and the American Academy of Pediatrics. These recommendations — in the areas of health assessments, access to ongoing health care services, health service management, medical information system, training, and interagency coordination — require and utilize public health nurses' clinical and organizational skills and knowledge of the community to bridge gaps in the delivery of health care to the child and family.

Public health nursing assignments currently vary in the number of actual cases followed. The ratio varies from one PHN for 100 up to 2000 cases and one PHN for a various number of social workers.[10] Counties with small foster care populations assign a nurse a percentage of time to a social services program. Counties with very large foster care populations have a staff of nurses assigned to specific social service offices or shelters.

Whatever the scale of the public health nursing role within Child Welfare Services, a combination of educational preparation, experience, and skills facilitate effective implementation of nursing services.

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[9] See Appendix D on "The Definition And Role Of Public Health Nursing," A Statement of APHA Public Health Nursing Section, March 1996.

[10] The number of social workers working in Child Welfare Services throughout California is approximately 9,300. Personal Communication, March 25, 1999.

Skills of a Public Health Nurse Working in Child Welfare Services

Education and Experience

Orientation

Supervision

Role Clarity

Communication

Ability to Prioritize

Accessing Resources

Skills of a Public Health Nurse Working in Child Welfare Services

Education and Experience

A public health nurse working in the child welfare system requires knowledge and experience in primary and secondary care so the PHN can be an effective advocate for the health needs of children. The public health nurse is a consultant to the social worker, biological and foster families and has the ability to understand various diagnoses of children in foster care and their related needs.

In order to serve the needs of this specialized population, it is recommended that public health nurses meet the following minimum requirements in their preparation and work experience.

Professional Preparation

Registered Nurse, licensed to practice in California

Bachelor of Science in Nursing (BSN) Degree or equivalent

Public Health Nursing Certificate

Work Experience in:

An official community or public health agency

Community-based health services for children and families

Growth and development of infants, children and adolescents

Anticipatory guidance supportive to child and family development

Principles of child health promotion and nursing care of children with special needs

Multidisciplinary collaboration and interagency coordination for children and families with special health care needs

Education of children and adults regarding health and how to access health services [11]

[11] This is taken in part from the Foster Care Nurses Network of the Southern California Regional CHDP Nurses, 10/95. Their complete document appears in Appendix E.

Orientation

Public health nurses begin partnerships within the child welfare agency through a comprehensive orientation to key departments and agencies involved in delivering services to children. Given that a major role of the PHN is facilitating linkages, PHNs require a clear understanding and knowledge base of systems. System-based knowledge includes federal, state, and local policies, court-ordered and mandated policies, procedures and timelines, community resources, funding streams, and referral processes.

More explicitly, an orientation of PHNs to Child Welfare Services includes, but is not be limited to, the following:

- Comprehensive overview of the child welfare system — hotline and reports, emergency response investigations, family preservation referrals, court decisions, family maintenance, relative placements, family reunification, long-term placements, adoptions, guardianship, specialized units such as those for medically fragile infants and children, and teens, and the Independent Living Skills Programs
- Public health department, especially the child and youth health programs
- Child Health and Disability Prevention Program (CHDP)
- Regional Center
- California Children Services (CCS)
- Overview of the juvenile justice system, court system, and reports
- Court-appointed special advocates (CASA) and advocacy organizations
- School system — districts in the county, special education programs, school nurses
- Computer systems used by child welfare agency and child health program
- Child development assessment tools such as Bayley Scales of Infant Development, Denver II Developmental Screening Test, Nursing Child Assessment Satellite Training (NCAST) tools
- Public and private clinics with targeted services for specific populations such as homeless youth, infant-parent programs, drug treatment programs, teen parenting programs
- Health care coverage provisions, enrollment and disenrollment procedures for such programs as Medi-Cal (California's Medicaid), Healthy Families, managed care plans, mental health and managed care, dental health
- Licensed foster care providers — foster family agencies, group homes, foster families, residential care
- Foster care PHN networks

Supervision

The supervision of PHNs working in child welfare services is an important area to address prior to the implementation of public health nursing role activities. Currently in programs throughout the state, unless a dual supervisory relationship has been established, a senior public health nurse is supervising public health nurses. The supervision is often provided through the local health agency. The supervision of PHNs by other PHNs was named in the Foster Care Forums as a contributing factor to the formation of successful partnerships between the child welfare agency and public health nursing. The participants of the Foster Care Forums likewise recommended that public health nurses maintain direct lines of communication with designated liaisons from child welfare agencies. Supervision and liaison roles may best be explicated in a Memorandum of Understanding between agencies.

Successful Collaboration

In California, collaboration between child welfare agencies and public health nurses has been successful in creating a more comprehensive system of health service delivery to children in out-of-home placement.

The statewide Foster Care Forums identified factors that supported effective collaboration.

- Location in the child welfare agency
- Accessibility to all the team members
- Involvement in foster and group home visits as appropriate
- Supervision by other PHNs (often from the local health department)
- Participation in review of all health-related documents
- Participation in multi-disciplinary meetings for review of health-related issues
- Collection of health information for child's records
- Formulation of information for the Health & Education Passport in Child Welfare Services/Case Management System (CWS/CMS)

Role Clarity

Among the many health care and social service professionals involved with children in out-of-home placement, the role of the public health nurse is unique. The work of a public health nurse ranges from indirect to direct involvement in the child's health care. Direct and indirect services in health case planning are provided through telephone, mail and fax correspondence, multi-disciplinary meetings, court hearings, conversations with children, biological and foster parents, as well as home and clinic visits.

The overall goal of the PHN working in the child welfare system is to promote appropriate health care services for children in out-of-home placement. Due to the number and complexity of cases encountered in child welfare services, the PHN works primarily as a consultant and facilitator to services. A case manager from other participating agencies, such as California Children's Services (CCS), the regional center or a home health agency may simultaneously enact specific case management responsibilities.

It is recognized that the child's social worker is ultimately responsible for addressing the child's educational, emotional, and medical needs. The PHN is one member of a multi-disciplinary team collaborating with the child's social worker to meet the needs of the child.

Communication

The PHN working on behalf of a child in the child welfare services system needs to have exceptional skills and flexibility for interacting with a variety of people. The PHN communicates with biological parents and foster parents as well as psychiatrists, specialists, pediatricians, social workers, and other professionals. Often these skills are used to translate pertinent medical information to non-medical people and/or to facilitate community interventions through the child welfare agency.

Communication skills are necessary in teaching and training opportunities. Public health nurses are involved in developing, coordinating and presenting classes and workshops to social workers, health care providers, school nurses, generalist PHNs, foster care providers, parents, and people in community agencies and professional and academic settings.

Themes Used for Training Purposes

- Special health care needs of children in foster care
- Accessing appropriate medical and dental care
- Common health conditions and interventions
- Documenting health care needs in the child welfare agency
- Developmental needs of children
- Caring in the child welfare system
- Attachment and transition needs

Ability to Prioritize

Public health nurses may be assigned to specific units and facilitate care coordination for 100 to 2000 cases per nurse.[12] Such assignments require that PHNs recognize role appropriate activities and prioritize by the importance and urgency of cases. The ratio of PHNs to social workers, a key to collaboration, has yet to be determined. This is an especially important point because some counties do not have public health nurses specifically assigned to children in foster care.

Public health nurses collaborate and consult with social workers on many levels and may need to prioritize among the following kinds of role activities.

- Assessing medical needs during emergency response investigation
- Determining health needs at entry into protective services
- Referring those involved in Family Preservation to generalist PHN units
- Locating and referring to community services and providers
- Consulting with social worker on appropriate placements based on health needs
- Assisting foster parents in obtaining timely assessments
- Supporting and assisting group home providers in accessing services for children from other counties
- Obtaining consents for treatment
- Identifying health problems for follow-up and treatment
- Gathering pertinent medical records
- Interpreting medical reports for case workers and courts
- Coordinating necessary medical equipment
- Facilitating assessments for adoptions
- Educating social workers, families, foster care providers on medical, dental and mental health needs
- Communicating hospital discharge information
- Determining needs at hospital discharge
- Accessing prenatal care for pregnant adolescents
- Relating health care issues to biological parents at time of discharge from child welfare services
- Identifying groups at risk such as medically fragile infants, children with special conditions, adolescent mothers
- Developing programs, policies, and interventions for at-risk groups

[12] No standard nurse to child ratio has been established, although participants in the Forums and Foster Children's Health Project suggested one nurse for 200 children depending on age, acuity, and location.

Large and complicated caseloads make it imperative that PHNs identify the children of highest risk for problems or complications. Determination of the highest risk results from giving consideration to: the acuity of condition(s); the age of a child; developmental and emotional needs; length of time in foster care; number of changes in foster care placements; schools; health care providers; treatment regimens; health care coverage; change in child's health status; and educational needs of the foster care provider.

Accessing Resources

Accessing resources requires understanding the health and social services systems at the city, county, and state levels. Children may be placed in foster care settings out of the county responsible for their placement. Therefore, PHNs need to be aware of multiple systems for medical, dental, mental and developmental health care across counties. A working knowledge of the managed care systems and fee-for-service (FFS) systems is crucial. This knowledge allows PHNs to assist social workers to select an appropriate health provider for the child and to secure appropriate appointments for services.

Principal Activities of Public Health Nurses working in Child Welfare Services

Principal Activities

Principal Activities of Public Health Nurses Working in Child Welfare Services

Many approaches in critical thinking and problem solving have been used to systematically address children's health care problems. Among nurses, the nursing process has been utilized to organize nursing responses to health and illness among populations. Nursing actions in the nursing process include completing and conducting ongoing assessment, establishing a nursing diagnosis, developing and implementing a plan and evaluating the effects of a plan of care. These guidelines parallel the nursing process by addressing the principal activities of public health nurses in the areas of:
(a) assessing needs;
(b) developing a plan of action;
(c) implementing the plan; and
(d) evaluating the effects of actions.

The principal activities of PHNs are outlined in two major sections. The first section is that of working as a team member for the individual child. The California Foster Children's Health Project proposed several public health nurse duties and responsibilities focused on the child in foster care and included these in their report *Code Blue*, Table 7.

The basic duties and responsibilities of a PHN, such as were identified by the Foster Children's Health Project, may be implemented during various

Table 7 Foster Care Public Health Nurse

The Foster Care PHN's basic duties and responsibilities would include:

- Advocating for the health care needs of the child.
- Medical case planning and coordination.
  - Assisting foster parents in obtaining timely comprehensive assessments.
  - Participating with the assessment provider or center in developing a health care plan for children.
  - Expediting timely referrals for medical, dental, and mental health services.
  - Following children placed out of county to assure access to needed services.
- Serving as a resource to facilitate referrals to early intervention providers, specialty providers, dentists, mental health providers, and other community programs.
- Overseeing the creation and updating of a Health and Education Passport as required by law.
- Medical Education.
  - Interpreting medical reports for case workers and the courts.
  - Educating social workers, judges, foster care providers, school nurses, and others about the health care needs of the child.[13]

[13] See Institute for Research on Women and Families, California Foster Children's Health Project, *Code Blue: Health Services for Children in Foster Care,* (Sacramento: Center for California Studies, California State University), March 1998, p. 12.

critical periods of the child's experience in the child welfare system. While the level of response may vary across counties, Figure 2 presents examples of those important opportunities for public health nurse involvement that are child-focused.

The second section outlines the role activities of a PHN working to affect the delivery of health care services to the population of children in foster care. The opportunities for system-focused involvement of PHNs correspond to similar critical periods. (See Figure 3 for examples.)

Child-Focused

Assessing Strengths, Needs, and Identifying Problems

Developing a Plan of Action

Implementing a Plan of Action

Evaluating a Plan of Action

Child-Focused Principal Activities of a Public Health Nurse Caring for the Child in the Child Welfare Services System

Assessing Strengths, Needs, and Identifying Problems

The PHN assists the social worker to systematically collect, record, analyze, and translate pertinent, available data on the child's health status and answer the question: What is the child's comprehensive health status? Effective interviewing, case record review, nursing assessment, and consultation with other team members allow the PHN to identify goals and assist in the development of appropriate health care plans.

Available records may include health history from screening and billing reports, referrals for services, existing health passports, entry exams, hospital or facility discharge summaries, social worker records, hotline reports, shelter staff reports, etc. Collection of accurate and appropriate information about the child's multidimensional health status is the foundation for recognizing the strengths and health needs of the child and is an ongoing process throughout the child's out-of-home placement.

Assessment of medical needs at critical periods such as at the time of the emergency response investigation contributes to a more appropriate or more informed placement decision. Assessment of pertinent health information about immunization records, current health and medications history may result in a smoother transition for the child's out-of-home and school placements.

Public health nurses utilize their **child-focused** assessment skills when they are:

- Collecting and identifying appropriate and available health information on the child.
- Assessing the foster parent or relative caregiver knowledge and experience to care for the child's medical and psychosocial needs.
- Identifying health education needs for the child's caregiver.
- Identifying and interacting with key persons involved in the child's care.
- Identifying risk behaviors of the child.
- Assessing the availability and effectiveness of resources to address the child's health needs.

Multiple Dimensions of a Child's Health Status

Adolescent health concerns
Behavioral issues
Birth history (if appropriate)
Communicable diseases (e.g.,STDs,TB)
Consent for treatment and / or procedures
Consent for psychotropic medications
Cultural issues
Dental health needs
Developmental needs
Educational needs
Environmental needs
Equipment needs
Eye care needs
Health care coverage
Health history
Hearing problems
History of violence (witnessed or acting-out)
Human immunodeficiency virus (HIV) testing
Immunization status
Language needs
Lead testing (if appropriate)
Medications (info. on refills, prescribing MD, and location of pharmacy)
Medical conditions
Mental health needs
Nutritional status
Placement history
Recent hospitalizations
Release of health information
School history
Sexual development
Speech development
Spiritual needs

Developing a Plan of Action

A health care plan is a part of the child's social services case plan. PHNs collaborate with a variety of partners in developing a plan of action. A health care plan addresses the medical, dental, developmental, and mental health screenings and follow-up appointments. It includes the future needs of the child as well as current and future prevention strategies.

The use of a health care plan varies in counties. No standardized health care plan apart from the Child Welfare System/Case Management Services (CWS/CMS) is available or uniformly utilized. The CWS/CMS is used for the Health and Education Passport and case updates. PHNs are involved in various levels of its use.[14]

Partners in Care Planning

- Ancillary services
- California Children Services
- CHDP programs, local
- CHDP programs, out-of-county
- Court appointed special advocates
- Dentists
- Eligibility determination staff
- Family planning
- Field public health nurses
- Foster care providers
  - Foster family homes
  - Foster family agencies
  - Group homes
  - Relative or kinship care
  - Health care providers
- High risk infants program
- Home health agencies
- Hospital discharge planners
- Hospital social worker
- Independent living program staff
- Maternity services
- Mental health professionals
- Parenting programs
- Probation staff
- Regional Centers
- School nurses
- Shelter staff
- Social workers
- Special education

[14] Access for PHNs has been an issue in some child welfare agencies.

Implementing a Plan of Action

The actions of PHNs for a specific child or family are outlined in the case record. The PHN coordinates care by locating previous sources and records of health care and assisting children through their social workers and foster care providers to access necessary health care services. The PHN and the social worker carry out the health care plan in coordination with other health and social service professionals, biological parents and foster care providers.

Implementation of a child-focused health care plan of action includes PHN activities such as:

- Referring a family to community services and providers such as generalist PHN services.
- Assisting the foster parents to obtain timely assessments for the child.
- Assisting in obtaining consents for a child's treatment.
- Coordinating necessary medical equipment for a child.
- Facilitating necessary assessments to proceed with a child's adoption.
- Participating in a multi-disciplinary meeting to communicate and educate the participants on the child's specific health needs.
- Arranging and coordinating prenatal care for a pregnant adolescent.

Evaluating a plan of action

PHNs evaluate the effectiveness of the care plan in attaining desired outcomes. Expert nursing consultation is a dynamic process that incorporates ongoing change in data, health conditions, or care plans. Evaluating the appropriateness and timeliness of services is important. This evaluation may occur immediately after placement, at a six-month review, at a change of placement, and/or with a change in health status.

Figure 1 **Child Welfare Services System**

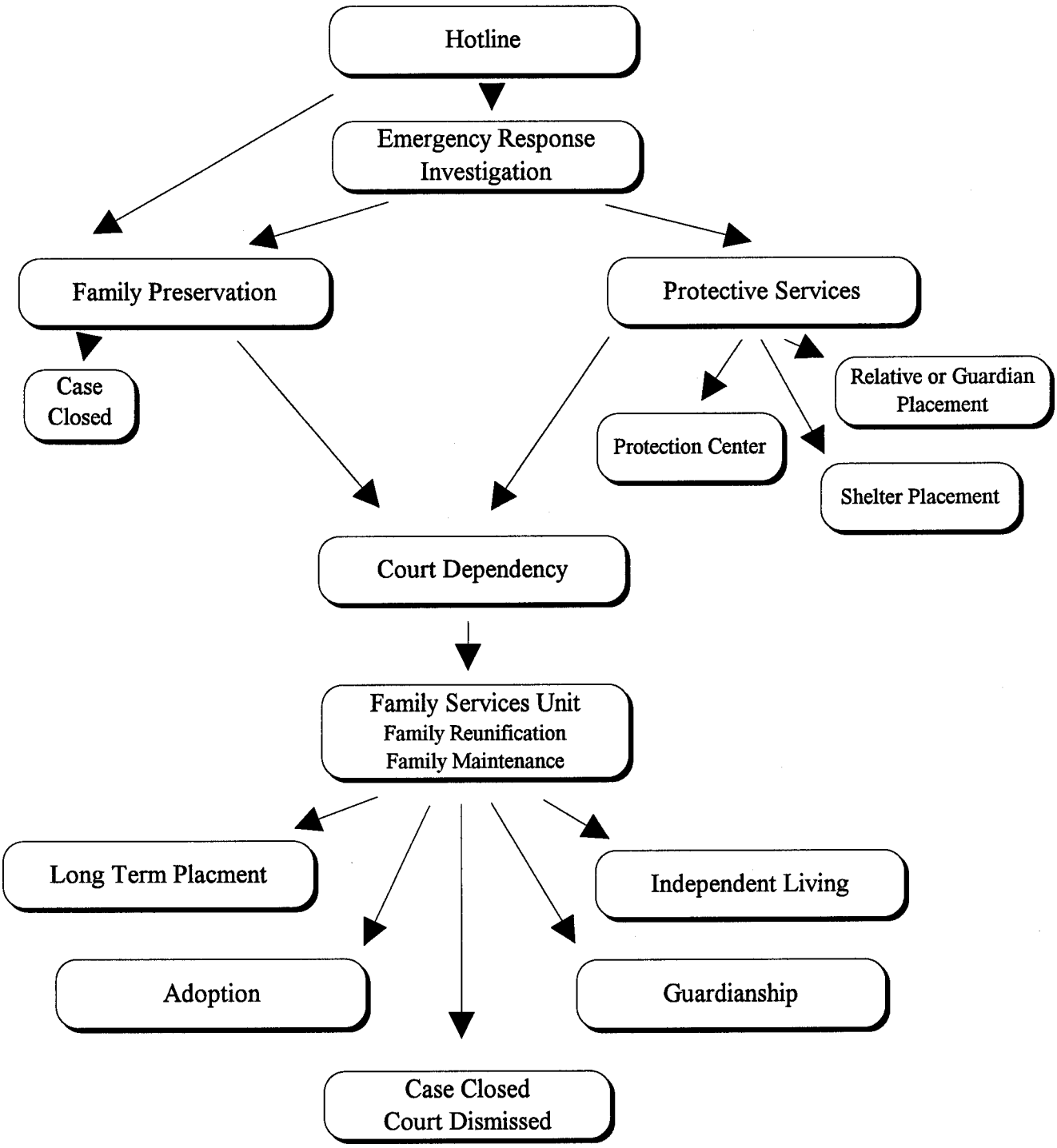


Figure 2
Examples of *Child-Focused* Activities within Critical Periods of Child Welfare Services When a Public Health Nurse May Be Involved

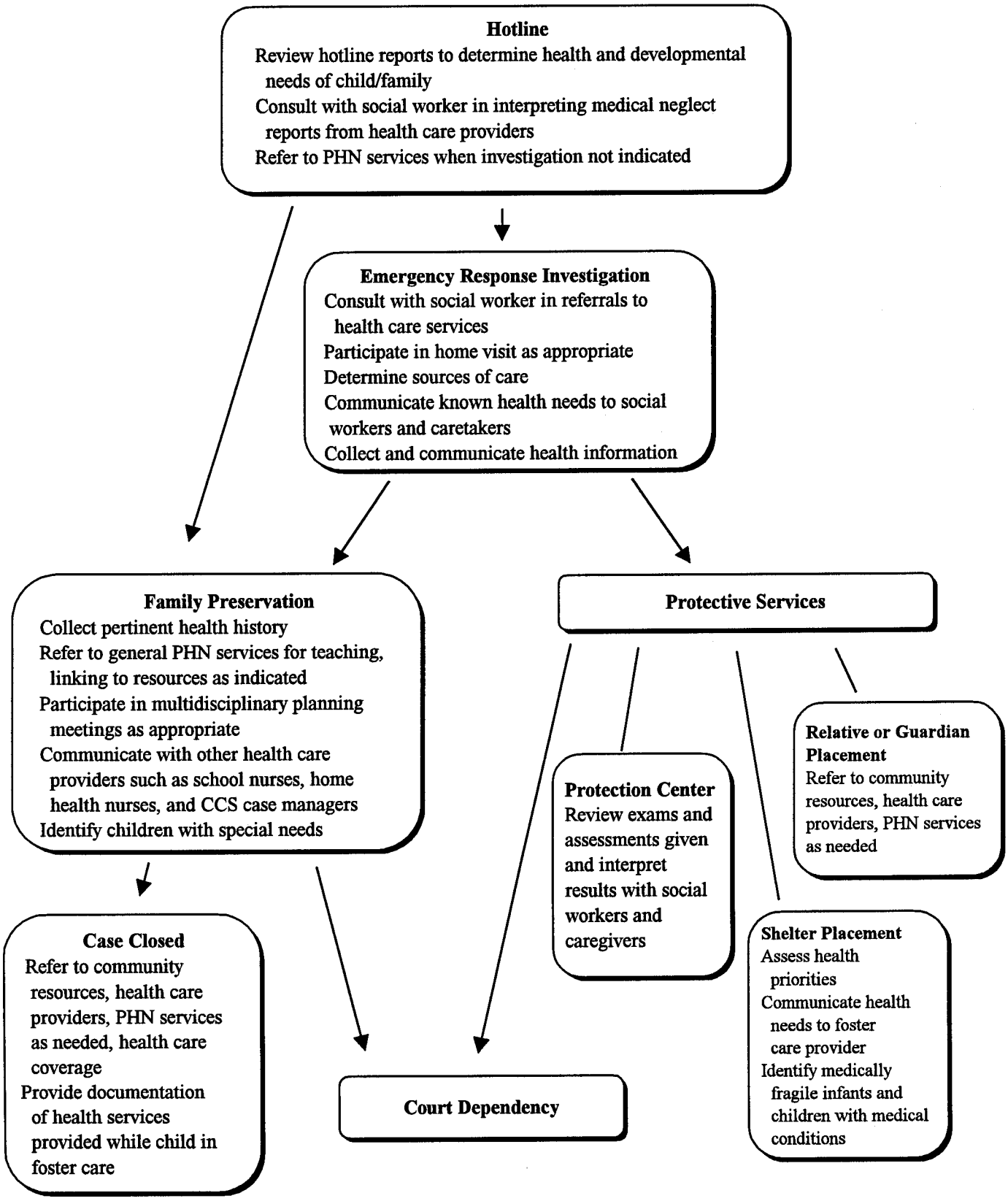
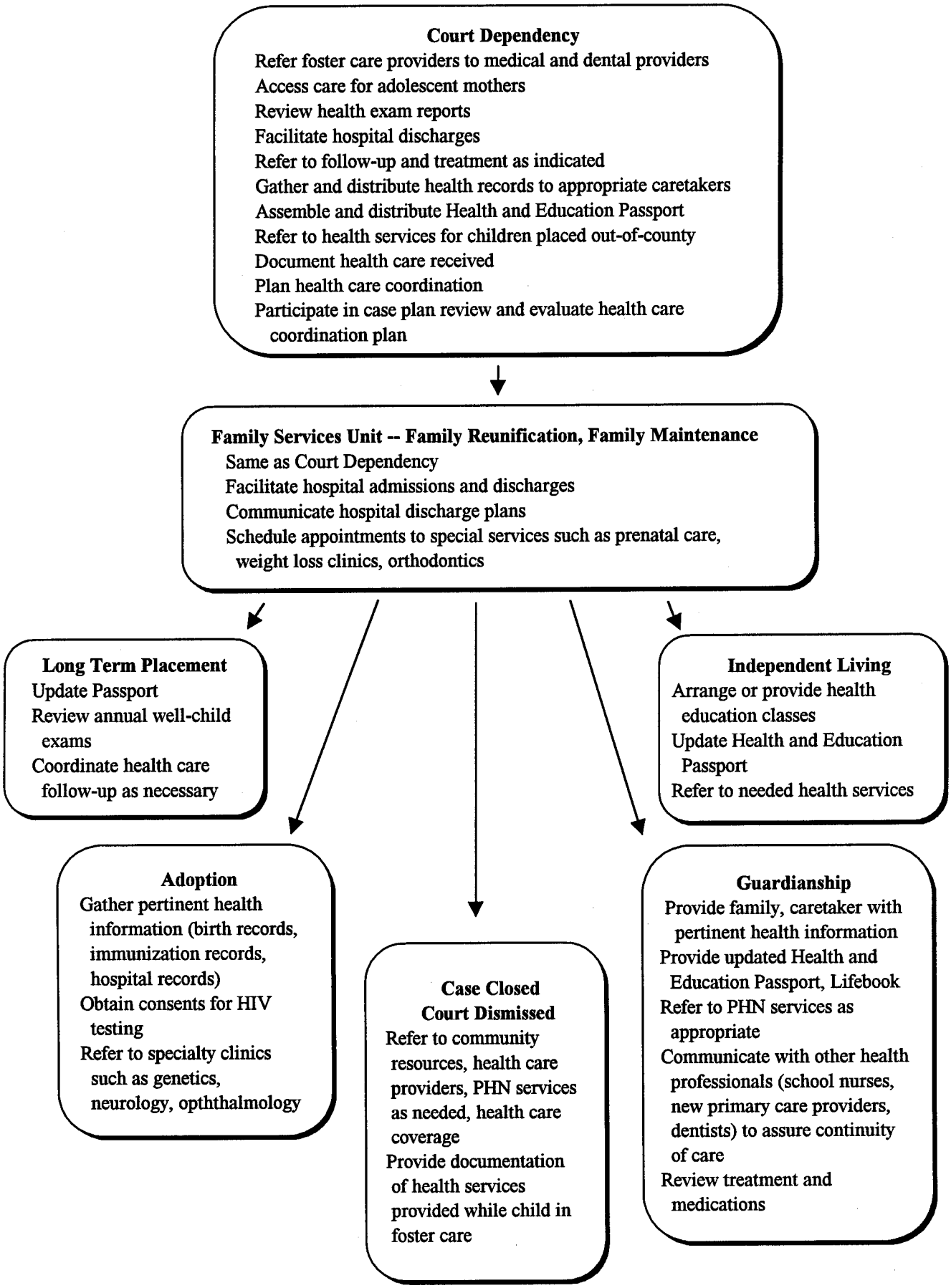


Figure 2 -- continued

Child-Focused



System-Focused

Assessing Strengths, Needs, and Identifying Problems

Developing a Plan of Action

Implementing a Plan of Action

Evaluating a Plan of Action

System-Focused Principal Activities of a Public Health Nurse Caring for Children in Child Welfare Services

The public health nurse is an important contributor to practice in a population-based service environment. Through working with social workers in coordinating care for specific children, PHNs see trends and patterns in health care needs among children and the availability of resources to address those needs. PHNs have a role in developing and implementing specific policies, protocols, and training programs to improve the delivery of health services and the health status of children in out-of-home placement. As in the work of PHNs at the case specific level, being effective in addressing system level needs requires a systematic approach.

Assessing Strengths, Needs, and Identifying Problems

There is a need to systematically assess health care resources for situations that are condition-specific and population-specific. In light of the multiple and complex changes in health care and social services in recent years (e.g., welfare reform and the transition of Medicaid beneficiaries to managed care plans), it is necessary to assess how those changes have affected the delivery of services to children in foster care. As these shifts occur, health and social service agencies must take the opportunity to assess how the changes affect their overall goals and objectives in improving health services to children in foster care. Recent changes such as the shift to county-based managed care plans responsible for physical and mental health services have an impact on children who are placed in out-of county foster care placements. The transition to Family Preservation services, kinship care and relative placements have an impact on community resources.

The public health nurse, in collaboration with other health professionals, has a key role in identifying the strengths, gaps, and factors contributing to barriers in health services delivery. Identifying problems and strengths may include giving consideration to specific populations at risk such as medically fragile infants, children with specialized health care needs, and adolescent parents; or to the appropriate contacts for implementing change within agencies; or to the service links and gaps in inter-agency agreements.

Public health nurses utilize their **system-focused** assessment skills when they are:

- Identifying the accessibility and availability of health data information systems.
- Analyzing data on the needs of specific populations or geographic areas.
- Identifying health education needs of target populations.
- Identifying and interacting formally and informally with key community leaders.
- Identifying target populations that may be at risk.
- Participating in data collection on a target population.
- Conducting interviews, meetings, focus groups and surveys to identify health conditions, risks and resources in a community.
- Evaluating strengths and areas of concern in the health delivery system.
- Evaluating the environment in which the health services are delivered.
- Assessing the availability and effectiveness of resources.

Multiple Dimensions of the Health Delivery Systems

(as identified in the Foster Care Forums)

For dental services

- availability of Medicaid providers
- Medicaid coverage for orthodontics <12 years
- a useful standardized dental assessment form
- availability of week-end or night coverage
- resources for children with disabilities
- follow-up
- availability of other than English language capabilities
- reimbursement for anesthesia

For developmental needs

- appropriate referrals
- a useful assessment form
- unidentified speech and hearing problems
- continuity of care
- follow-up to treatment after discharge from foster care
- services for “moderately delayed” child
- services for drug exposed infants
- communication between agencies such as Regional Center and school district

For medical care

- enrollment/disenrollment from managed care health plan
- limited number of specialty providers
- provider reimbursement issues
- available resources
- quality of care
- a useful standardized assessment form
- medication monitoring

For mental health care

- week-end or night coverage
- access to EPSDT supplemental services
- available services in rural areas
- available services for children with severe problems
- services for children birth to 3 years
- multiple mental health assessments/ conflicting assessments
- need for continuity of care
- fragmented plans
- medication monitoring
- misdiagnosis
- provider reimbursement issues

Developing a Plan of Action

The Public Health Nurse in collaboration with other systems partners develops a plan to improve health services delivered to children in foster care. The plan may include the need for:

- Developing a system to ensure continuity of services to all children including those placed out-of-county and those transitioning in and out of the child welfare system.
- Developing classification systems for determining the level of necessary care for children in child welfare system and standards for that care.
- Designing methods of documentation to assure program outcomes and evaluation.
- Creating partnerships among health care and social service providers, managed care plans, mental health agencies, school districts, regional centers, home health agencies, and advocates to develop comprehensive health care programs that expand services to children in the child welfare system.
- Developing a structure for social worker and public health nurse consultation, collaboration and education.
- Raising the awareness of key policymakers about health regulations, budget decisions and other factors that may affect children in foster care.

Implementing a Plan of Action

Implementation of a system-focused plan of action includes PHN activities such as:

- Linking health data information with health and education passport to maximize benefits to children and their health care providers.
- Participating in planning, implementing, and operating a health information system, e.g., health and education passport.
- Utilizing classification systems and standards of care to improve health care services for children in the child welfare system.
- Supporting and assisting group home providers in accessing services for children from other counties.
- Providing training for agency partners and foster care providers on health care issues, special conditions and available health resources.
- Participating in multidisciplinary task forces and with local and state agencies.
- Making recommendations to policymakers about specific health care issues for children in the child welfare, e.g. dental services in rural areas.

Evaluating a Plan of Action

The evaluation process is an ongoing process. The evaluation phase determines if desired outcomes have been attained. Insight acquired as a result of evaluation becomes information for PHNs in assessing strengths, needs, and identifying problems in their system focused role activities.

Children receiving health services in an appropriate, effective and timely manner is the goal of a service delivery system. Evaluation requires the documentation of measurable actions to determine whether that goal is being achieved. Through review of what has been documented, PHNs begin to answer questions about what of, and how, their actions have resulted in effective services. This can include examining the effects on children's receipt of health care and follow up services through the work of PHNs with social workers, foster care providers, health care providers, and children. PHNs can examine the protocols and utilization for a completed passport and how the accessibility and integration of that information shapes children's care. Systematic evaluations also occur when agencies review the conditions within their interagency agreements and determine how these conditions were carried out.

Figure 1 **Child Welfare Services System**

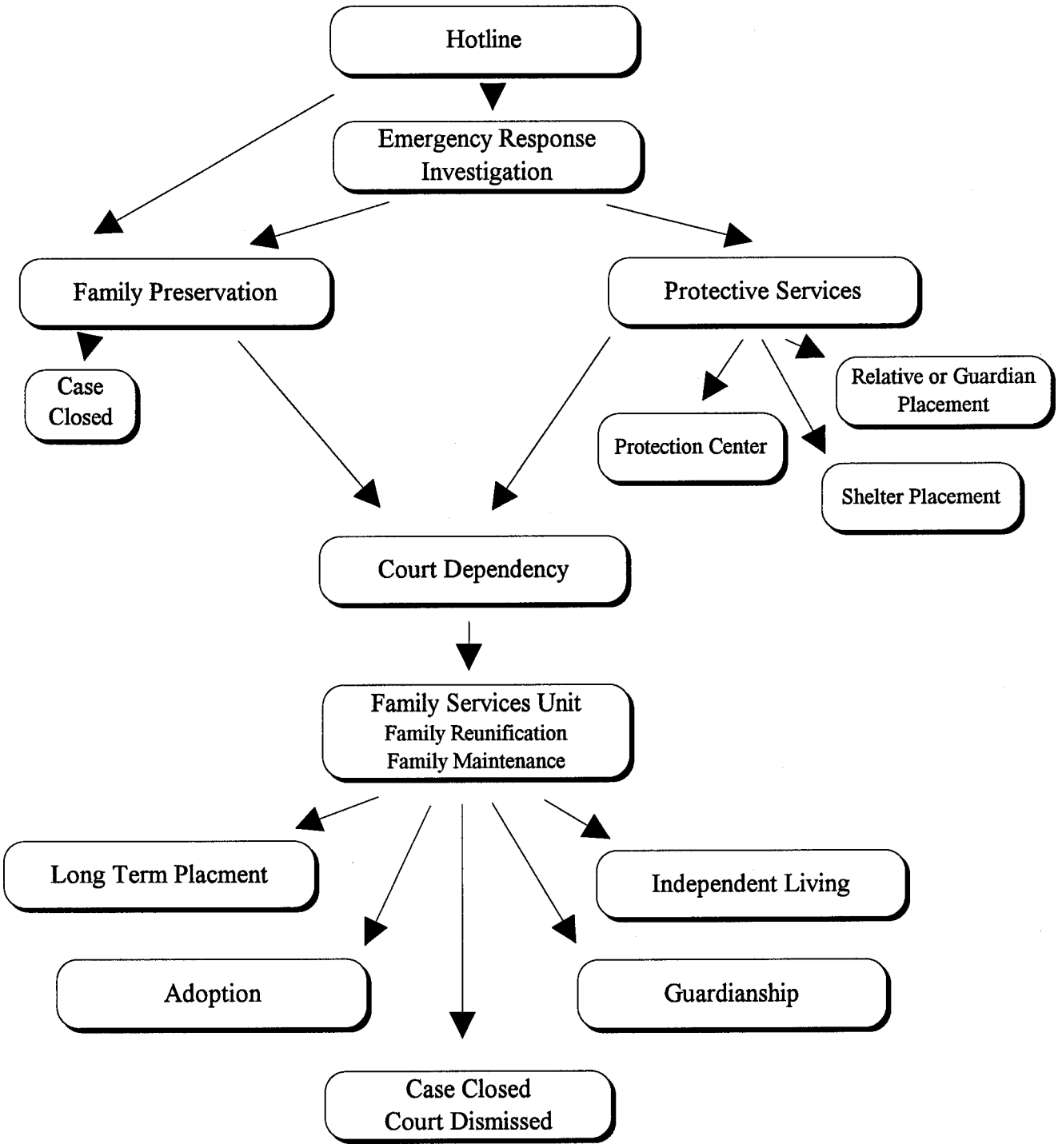
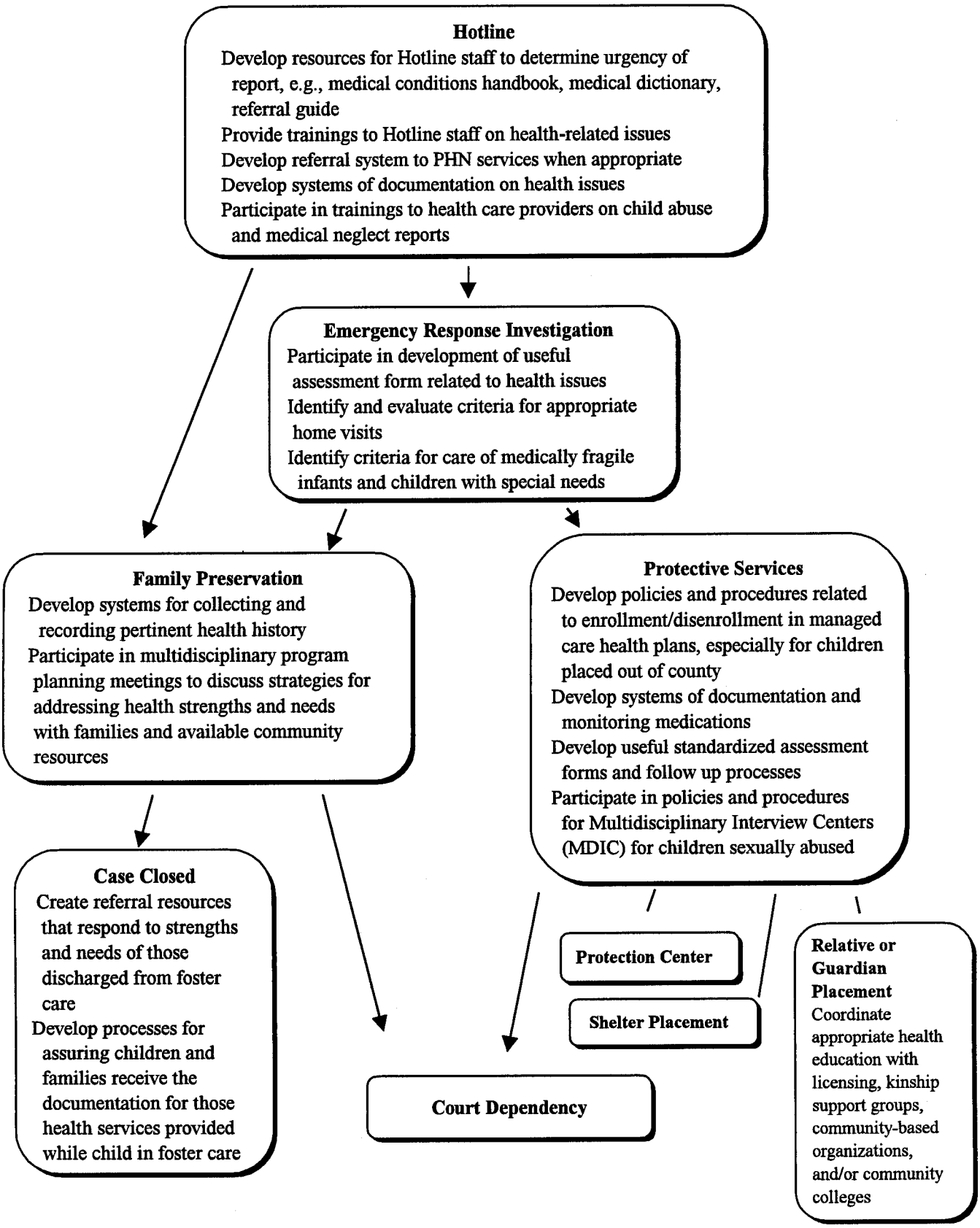


Figure 3
Examples of *System-Focused* Activities within Critical Periods of Child Welfare Services When a Public Health Nurse May Be Involved



Court Dependency

Identify and create resources for referrals to developmental services for infants with developmental delay

Identify and create resources for mental health services for targeted age groups, e.g., birth to three years, adolescents

Develop system of appropriate referrals for developmental, dental, medical, and mental health services

Facilitate systems of communication between agencies such as regional centers, school districts, child welfare social workers and school nurses

Develop systems for initiating, implementing, and evaluating health care planning

↓

Family Services Unit -- Family Reunification, Family Maintenance

Assist in development of systems to access EPSDT supplemental services

Coordinate development of programs for mental health services for birth to 3 years

Provide training to Court-Appointed Special Advocates (CASA) on health care access and health concerns

Identify network of resources for children with disabilities including those with medically fragile conditions

Design methods for evaluating appropriate care, procedures for referrals and effects of treatment

Participate in the development of programs to ensure continuity of care, especially for children placed out-of-county

Create partnerships and systems of communication with health care providers, foster care providers and school nurses

Provide training to new foster parents during orientations

Participate in planning for expansions in health care coverage

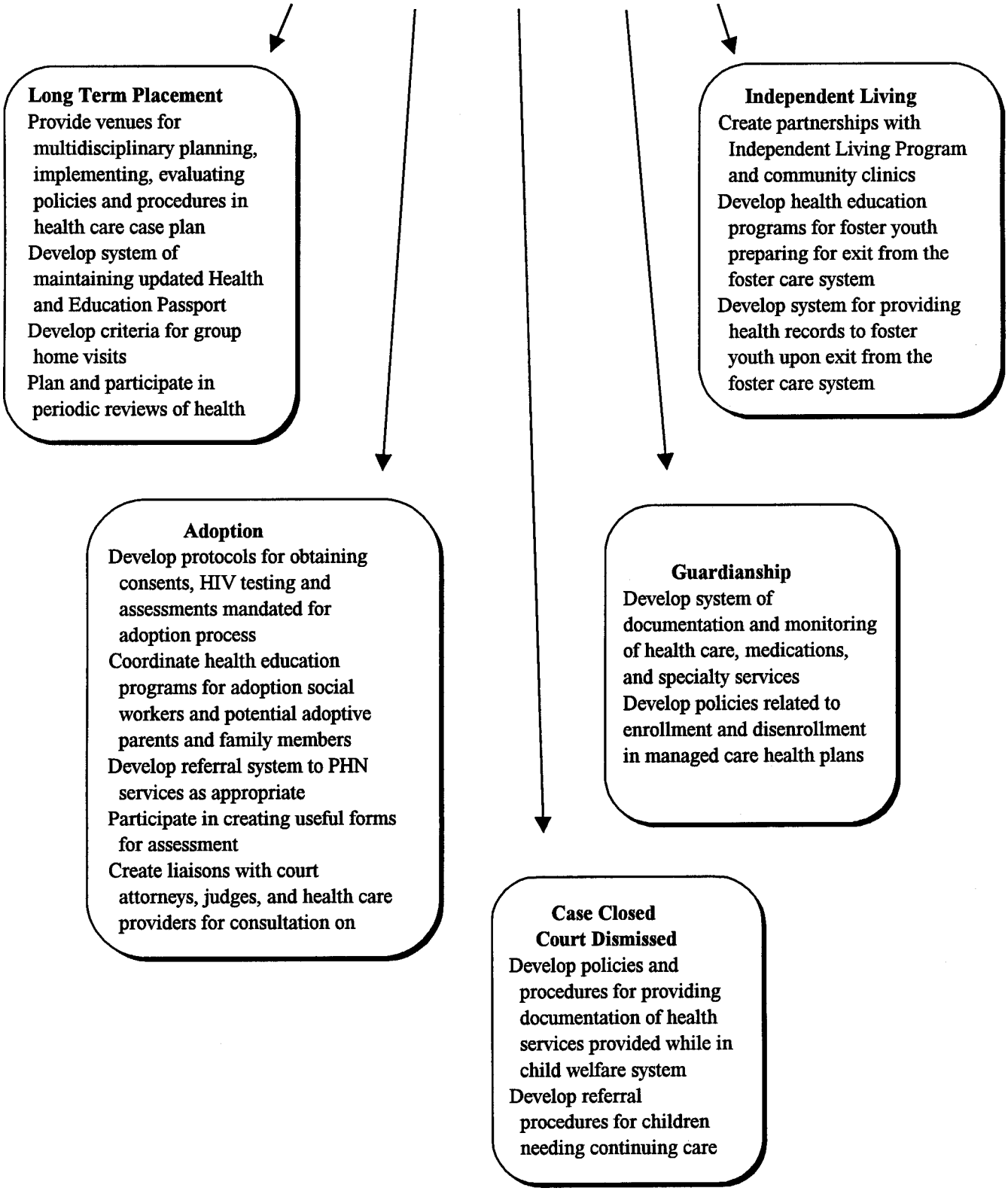
Participate in development of community foster care medical and dental clinics/centers of excellence

↓

- Long Term Placement
- Adoption
- Case Closed / Court Dismissed
- Guardianship
- Independent Living

Figure 3 -- continued

System-Focused



Summary

The *California Statewide Guidelines for Public Health Nursing in Child Welfare Services* has explored several dimensions of the public health nurse role and activities. The purpose of the PHN in child welfare is to partner with social services as a team member and to focus on assisting children to receive necessary health care services in a timely and appropriate manner by qualified professionals.

PHNs require a combination of educational preparation, experience and skills to effectively implement the PHN role in child welfare services. PHN role activities are directed to the needs of an individual child as well as to the system as a whole through assessing strengths, needs, and identifying problems, developing and implementing a plan of action, and evaluating the effects of those action. These actions are meant to advance quality health care for children and result in their improved health status or outcomes as may be evidenced by earlier interventions, ongoing preventive care, and fewer needs for emergency and episodic care.

The information in these *Guidelines* is intended to establish a statewide frame of reference for ongoing conversation about the role of public health nurses in the child welfare system. Child health and child welfare program directors, public health nurses and public health nurse leaders may find opportunity to reference the guidelines as they discuss the public health nurse role in their community. The content in these *Guidelines* may be adapted depending on each county's unique needs and characteristics, such as caseload sizes, population complexities, availability and accessibility of services and providers.

In this context, the *Guidelines* are dynamic. They will continue to evolve through interaction among people and events in the public health and child welfare systems, the needs and resources of the population of children, and the role of the public health nurse.

Public Health Nursing in Child Welfare Services Appendix

Glossary of Terms

Glossary of Terms

These definitions have been taken from a variety of sources including, but not limited to, Title 9, Chapter 11 and Title 22, Divisions 6 and 31 of the *California Code of Regulations*, and the Medi-Cal Provider Manual.

Aid Codes: The two-digit number used by the California Department of Health Services to indicate the aid category under which a person is eligible to receive Medi-Cal benefits or Healthy Families benefits. For children living in out of home placement, this includes, but is not limited to:

Code 03	Adoption Assistance Program (Federal Financial Participation (FFP))
Code 04	Adoption Assistance Program/Aid for Adoption of Children (non-FFP)
Code 4C	AFDC-FC Voluntarily Placed (Federal, FFP)
Code 4K	Emergency Assistance Program Juvenile Probation Cases placed in foster care
Code 40	AFDC-FC Non-Fed (State FC)
Code 42	AFDC-FC (Federal, FFP)
Code 45	Children Supported by Public Funds (FFP -- other than AFDC-FC)
9H	Healthy Families Services, no Medi-Cal.

Aid To Families With Dependent Children (AFDC): The name of the former public assistance program that provided a cash grant and Medi-Cal benefits to children deprived of parental support or care and their eligible relatives. The federal program Temporary Assistance to Needy Families (TANF) replaced the AFDC public assistance program and ***is known in California as the California Work Opportunity and Responsibility to Kids (CalWORKs).***

Aid to Families With Dependent Children - Foster Care (AFDC-FC): The state and federal financial assistance provided for those children in need of substitute parenting and who have been placed in foster care. The California Department of Social Services is the single State agency responsible for the administration of the AFDC-FC Program. County welfare departments are responsible for eligibility determinations and grant computations.

Assessment: In social services, a written document which contains information relevant to the case situation and an appraisal of case services needs. In mental health, a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

Basic Rate: In social services, the rate charged by a licensed facility to provide basic services. For SSI/SSP recipients, the basic rate means the established nonmedical out-of-home care rate which includes any exempt income allowance but does not include that amount allocated for the recipient's personal and incidental needs.

Beneficiary Identification Card (BIC): A permanent plastic card issued by the State Department of Health Services to recipients which is used by providers and contractors to verify health plan eligibility. Files are updated monthly.

California Children Services (CCS) Program: A statewide program that provides services to children with serious medical conditions of a physical nature that can be cured, improved, or stabilized. Eligible conditions include birth defects, chronic illness, genetic diseases, handicaps that are present at birth or develop later, and injuries due to accidents or violence. The program provides services through a network of CCS paneled specialty and subspecialty providers and special care centers. CCS also provides comprehensive medical case management services to children enrolled in the program, and prescribed medical therapy services that are delivered at medical therapy units located in public schools.

California Department of Health Services (DHS): The single State Department responsible for Administration of the Medi-Cal, CHDP, CCS programs. It also has responsibility for other health related programs administered through the various divisions within DHS. DHS acts for the State of California as the contract entity with Medi-Cal managed care plans.

California Work Opportunity and Responsibility to Kids (CalWORKs): California's implementation of the federal program, Temporary Assistance to Needy Families (TANF).

Care Coordination: An activity with responsibilities for locating, coordinating, and monitoring necessary and appropriate services. Care coordination is meant to assure that each child identified as desiring and/or needing further care, receives referral, appointment scheduling, transportation, assistance, diagnosis and treatment services. Care coordination activates examination, diagnosis, and treatment loops for children with medical, dental, mental health, and other support service needs.

Care and Supervision: In social services any one or more of the following activities provided by a person or facility to meet the needs of the clients:

- Assistance in dressing, grooming, bathing and other personal hygiene.
- Assistance with taking medication, as specified in Section 80075.
- Central storing and/or distribution of medications, as specified in Section 80075.
- Arrangement of and assistance with medical and dental care.
- Maintenance of house rules for the protection of clients.

Case Management: In social services, a service-funded activity performed by the social worker which includes assessing the child's/family's needs, developing the case plan, monitoring progress in achieving case plan objectives, and ensuring that all services specified in the case plan are provided.

Case Plan: In social services, a written document which is developed based upon an assessment of the circumstances which required child welfare services intervention; and in which the social worker identifies a case plan goal, the objectives to be achieved, the specific services to be provided, and case management activities to be performed.

Case Plan Update: In social services, a written document which contains any changes regarding the information in the case plan and includes specific information about the current condition of the child and family.

Case Record: In social services, a record for each child receiving child welfare services beyond the emergency response protocol, that contains all of the documentation requirements specified by the Division 31 regulations.

Child: In social services, a person under 18 years of age.

Child Abuse: As stated in Division 31, California Department of Social Services, Child Welfare Services Program, the nonaccidental commission of injuries against a person. In the case of a child, the term refers specifically to the nonaccidental commission of injuries against the child by or allowed by a parent(s)/guardian(s) or other person(s). The term also includes emotional, physical, severe physical, and sexual abuse as defined in Sections 31-002(c)(7)(A) through (D) as follows.

> **Emotional Abuse:** Nonphysical mistreatment, the results of which may be characterized by disturbed behavior on the part of the child such as severe withdrawal, regression, bizarre behavior, hyperactivity, of dangerous acting-out behavior. Such disturbed behavior is not deemed, in and of itself, to be evidence of emotional abuse.
>
> **Physical Abuse:** Nonaccidental bodily injury that has been or is being inflicted on a child. It includes, but is not limited to, those forms of abuse defined by Penal **Code Sections** 11165.3 and .4 as "willful cruelty or unjustifiable punishment of a child" and "corporal punishment or injury."
>
> **Severe Physical Abuse:** Any single act of abuse which causes physical trauma of sufficient severity that, if left untreated, it would cause permanent physical disfigurement, permanent physical disability, or death; any single act of sexual abuse which causes significant Bleeding, deep bruising, or significant external or internal swelling; or repeated acts of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness.
>
> **Sexual Abuse:** The victimization of a child by sexual activities, including, but not limited to, those activities defined in Penal Code Section 11165.1.

Child Care Center: In social services, any facility of any capacity other than a family day care home as defined in Section 102352f.(1) in which less than 24-hour per day nonmedical supervision is provided for children in a group setting.

Child Health and Disability Prevention (CHDP) Program: A health promotion and disease prevention program serving California's children: infants, children, and youth. The CHDP program is responsible for the development of standards and guidelines for the provision of preventive health services to low income children. This includes assuring the federal Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) program requirements for pediatric preventive health care services for Medi-Cal eligible children are met in California.

The program is administered at the state level by the Department of Health Services, Children's Medical Services Branch and locally by local health departments. Services are those preventive health care services (medical and dental) for persons under 21 years of age, provided in accordance with the provisions of Title 17, California Code of Regulations (CCR), Section 6800 et seq.

Child-placing Agency: In social services, a county welfare or social services department and a county probation department when subject to the provisions of Welfare and Institutions Code Section 202.5.

Child Welfare Services: Public social services which are directed toward the accomplishment of any or all the following purposes: protecting and promoting the welfare of all children, including handicapped, homeless, dependent, or neglected children; preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible; restoring to their families children who have been removed, by the provision of services to the child and the families; identifying children to be placed in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate; and assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption; services provided on behalf of children alleged to be the victims of child abuse, neglect, or exploitation. The child welfare services provided on behalf of each child represent a continuum of services, including emergency response services, family preservation services, family maintenance services, family reunification services, and permanent placement services. The individual child's case plan is the guiding principle in the provision of these services.

Child Welfare Services/Case Management System (CWS/CMS): A statewide, automated system whose primary purpose is to enhance and support the effectiveness of California's child welfare services program. CWS/CMS is intended to provide a common data base with current, accurate, and specific information in order for CWS

workers, State and county administrators and agencies to make good and timely case decisions and to monitor and evaluate the achievement of program goals.

Child With Special Health Care Needs: In social services, a child who has been adjudged a dependent of the court pursuant to Section 300 of the California Welfare and Institutions Code, or a child who has not been adjudged a dependent of the court pursuant to Section 300 but who is in the custody of the county welfare department, or a child with a developmental disability who is receiving services and case management from a regional center or who has a medical condition which requires specialized in-home health care which maybe provided by nonmedical personnel, such as a foster parent trained to provide this care.

Consultation: In social services, an activity on the child's behalf in which county staff or a third person or organization seeks the expertise of the other.

Contact: In social services, contact in person, in writing, or by telephone by a social worker or other person authorized by the Division 31 regulations to make case contacts with the child. parent(s)/ guardian(s), out-of-home care providers, and/or other persons involved in the case plan (e.g., siblings, other relatives).

Coordination: Activity on the child's behalf in order to integrate the activities of county staff and third persons or organizations in solving a specific problem.

County Deputy Director: In social services, that position in the county that is responsible for countywide supervision of the county's Child Welfare Services program.

In Child Health and Disability Prevention (CHDP) programs, that position in the city or county that is responsible to the local CHDP Director for implementing the community CHDP program.

County Department of Social Services: The County Department of Social Services (DSS), or other county agency responsible for determining the initial and continuing eligibility of person for the Medi-Cal program.

County Organized Health System (COHS): The entity established by a county board of supervisors for the purposes of contracting with the Medi-Cal program. The COHS administers a capitated, comprehensive, case managed health care delivery system. The COHS has the responsibility for utilization control and claims administration, and must provide most Medi-Cal covered health care services. The COHS acts as the exclusive Medi-Cal managed care contractor in the county. COHSs currently exist in Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, and Solano counties.

Court Appointed Special Advocate (CASA): CASA programs provide trained community volunteers to advocate for the best interests of children who come into the court system primarily as a result of abuse or neglect. CASA programs recruit, screen, train, and supervise these volunteers to serve as Guardians ad Litem for children, or assist

attorney Guardians ad Litem in this representation, or to serve as an independent third party "Friend of the Court." Volunteers review records; facilitate prompt, thorough reviews of cases; and interview appropriate parties in order to make recommendations on what would be in the best interests of the child.

Cultural Competence: A set of congruent practice skills, behaviors, attitudes and policies in a system, agency, or among those persons providing services that enables that system, agency, or those persons providing services to work effectively in cross-cultural situations.

Department of Health and Human Services (DHHS): The federal agency responsible for management of the Medicaid program.

Developmental Disability: A disability which originates before an individual attains age 18, continues, or can be expected to continue, indefinitely and constitutes a substantial handicap for such individual.

Disability: In social services, a condition which makes a child developmentally disabled, mentally disordered or physically handicapped, and for whom special care and supervision is require) as a result of his/her condition.

Disenrollment: In Medi-Cal managed care, DHS-approved discontinuance of a person's entitlement to receive covered services under the terms of a managed care plan contract and the deletion from the approved list of members in a managed care plan furnished by DHS to the managed care plan. Procedures for mandatory disenrollments give specific details on how the managed care plan will process disenrollments.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Case Management: The more comprehensive service than basic case management that will assist EPSDT eligible individuals in gaining access to needed medical, social, educational, and other services. EPSDT case management is not covered under the Medi-Cal Managed Care Program. (See also Targeted Case Management.)

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/Child Health and Disability Prevention (CHDP) Program: A federally mandated Medicaid benefit for eligible individuals under 21 years of age. It includes preventive screens (health assessments), diagnosis and treatment services. In California, CHDP is a state mandated program that provides preventive services. The diagnosis and treatment services components are administered under the Medi-Cal program

Early Intervention Services or the Early Start Program: In California, Early Intervention Services is California's response to Part H of the federal Individuals with Disabilities Education Act (IDEA). The program mandates services for children under age three years who have an established condition with a high probability of leading to developmental delay; or who are suspected of having significant developmental delay; or have an early health history with a combination of biomedical risk factors which places

them at risk for developmental disability. In California, the Department of Developmental Services (DDS) has lead agency responsibility for operating the Early Start program in collaboration with the California Department of Education.

Emergency Response Assessment: In social services, an assessment of an emergency response referral alleging child abuse, neglect, or exploitation that is conducted by a social worker skilled in emergency response for the purpose of determining whether an **in-person** investigation is required.

Emergency Response In-person Investigation: A face-to-face response by a social worker skilled in emergency response for the purpose of determining the potential for or the existence of any condition(s) which places the child or any other child in the household at risk and in need of services and which would cause the child to be a person described by California Welfare and Institutions Code Sections 300(a) through (j).

Emergency Response Services: Those services described in California Welfare and Institutions Code Section 16501(f).

Emergency Shelter Care: In social services, the provision of a protective environment for a child who must be immediately removed, pursuant to Welfare and Institutions Code Section 300, from his/her own home or current foster care placement, and who cannot be immediately returned to his/her own home or foster care placement.

Enrollment: In Medi-Cal, the process by which an eligible beneficiary becomes a member of a managed care.

Family Maintenance Services: In social services, those services described in Welfare and Institutions Code Section 16501(g).

Family Preservation Services: In social services, intensive services for families whose children, without these services, would be subject to any of the following:

- Be at imminent risk of out-of-home placement.
- Remain in existing out-of-home placement for longer periods of time.
- Be placed in a more restrictive out-of-home placement.

Family Preservation Worker: A social worker who provides family preservation services as specified in Welfare and Institutions Code Section 16500.5.

Family Reunification Services: Those services described in Welfare and Institutions Code Section 16501(h).

Federal Financial Participation (FFP): Federal expenditures provided to match proper State expenditures made under approved State Medicaid plans (in California, the Medi-Cal program).

Fee-For-Service (FFS): A method of charging based upon billing for a specific number of units of services rendered to an eligible beneficiary. Fee-for-service has been the traditional method of reimbursement used by physicians and payment almost always occurs after the service has been rendered.

Fiscal Year (FY): Any 12-month period for which annual accounts are kept. The State fiscal year is July 1 through June 30; the federal fiscal year is October 1 through September 30.

Foster Care: In social services, the provision of 24-hour care and supervision to a child who has been placed by a child placing agency in one of the following types of foster homes:

- A licensed foster family home.
- A licensed small family home.
- A family home certified by a licensed foster family agency for its exclusive use.
- A foster family home which has been certified pending licensure.
- A licensed group home for children.
- The home of a relative other than the child's parent/guardian, pursuant to a court order or voluntary placement agreement.

Foster Family Agency (FFA): In social services, any organization engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes or other places for placement of children for temporary or permanent care who require that level of care as an alternative to a group home.

Foster Family Home: In social services, any residential facility providing 24-hour care for eight or fewer foster children which is owned, leased, or rented and is the residence of the foster parent or parents, including their family, in whose care the foster children have been placed. For a capacity of seven or eight, two or more of the children in placement must be siblings; or for more than eight, all of the children must be from one sibling group. The placement may be by a public or private child placement agency or by a court order, or by voluntary placement by a parent, parents, or guardian.

Foster Parent: In social services, a person whose home is licensed as a foster family home or licensed as a small family home or certified for 24 hour care of children, a person to whom the responsibility for the provision of foster care is delegated by the licensee, and a relative other than the child's parent/guardian who has the responsibility for the provision of foster care pursuant to a court order or voluntary placement agreement.

Group Home: In social services, a nondetention privately operated residential home of any capacity which provides 24-hour nonmedical care and supervision to children in a structured environment, with such services provided at least in part by staff employed by the licensee. Since small family and foster family homes, by definition, care for eight or

fewer children only, any facility providing 24-hour care for more than eight children must be licensed as a group home.

Guardian: A person appointed by the Superior Court pursuant to the provisions of Section 1500 et seq. of the Probate Code or appointed by the juvenile court pursuant to the provisions of Welfare and Institutions Code Section 366.25 or .26, to care for the person, or estate, or the person and estate, of another.

Health and Education Passport (HEP): In social services, a document within the Child Welfare Services/Case Management System (CWS/CMS) reflecting the health and education data collected and recorded into the CWS/CMS. The "Passport" document is generated by the CWS/CMS as often as needed for use by workers, foster care providers, and medical providers to improve knowledge of the child's health history and to promote continuity in service delivery. The Passport may include immunizations and medications, demographic information on service providers, diagnosed health and psychosocial conditions, a history of medical conditions and services, contact information on schools attended, school attendance and performance and a history of education information.

High Risk Infant: Infants born with a medical diagnosis that may lead to ongoing and long term medical needs. An infant who has a medical disability or is at risk for a medical disability who requires special services and/or treatment in order to progress.

Criteria used for defining high risk varies based on specific agency program requirements. Examples include, but are not limited to:

- Prematurity of 32 weeks or less
- Severe growth abnormalities (e.g. microcephaly, IUGR, Fetal Alcohol Syndrome)
- Genetic disorders such as Down's Syndrome
- Severe drug and/or alcohol withdrawal requiring prolonged hospitalization and/or requiring medication at time of hospital discharge.

Independent Living Program (ILP): The program authorized under 42 USC 677 of the Social Security Act for services and activities to assist children age 16 or older in foster care to make the transition from foster care to independent living.

Individualized Education Program (IEP): An individualized education program for children with identified special educational needs. The IEP is developed by an individualized education program team which consists of a representative other than the child's teacher designated by the school administration, the child's present teacher, or the teacher with the most recent and complete knowledge of the child who has also observed the child's educational performance, and one or both of the child's parents. Other members of the team may include any professional staff providing related services. The IEP includes the identification of educational needs, assessment, instructional planning, and placement.

Individualized Health Care Plan: In social services, the written plan developed for the provision of health care to the child with special health care needs as specified in Section 87075.1(a).

Individualized Health Care Plan Team: In social services, those individuals who developed an individualized health care plan for a child with special health care needs in foster care, which is to include the child's primary care physician, any involved medical team member, the county social worker or regional center worker, and in addition may include, but not be limited to, a public health nurse, representatives from the California Children's Services Program or the Child Health and Disability Prevention Program, regional centers, the county medical health department, the prospective specialized foster family and where reunification is the goal, the parent or parents if available.

Infant: In social services, a child under two years of age.

License: In social services, the authorization to operate a community care facility and to provide care and supervision. The license is not transferable.

Licensing Agency: For purposes of the Child Abuse and Neglect Reporting Act, the CDSS office responsible for the licensing and enforcement of the California Community Care Facilities Act, the California Child Day Care Act, or the county licensing agency which has contracted with the state for performance of those duties.

Long Term Care: In DHS, care, other than hospice care, requiring admission to a skilled nursing or intermediate care facility that extends beyond the end of the month following the month of admission.

Managed Care: A comprehensive approach to the provision of health care that combines clinical services and administrative procedures within an integrated, coordinated system accessed through the designated primary care provider. The emphasis of managed care on access to primary care is intended to increase utilization of clinical preventive and primary care services and thus reduce the unnecessary use of emergency rooms or ambulatory care and eliminate possible hospitalizations.

Mandated Reporter: A person who, pursuant to the Child Abuse and Neglect Reporting Act, is required to report knowledge or reasonable suspicion of child abuse which is obtained while acting in a professional capacity or within the scope of his/her employment. Such persons include child care custodians, health practitioners, employees of child protective agencies, child visitation monitors, and commercial film and photographic print processors, pursuant to Penal Code Sections 11165 through 11166.

Medi-Cal Eligibility Data System (MEDS): The automated eligibility information processing system operated by the State of California which provides on-line access for recipient information, update of recipient eligibility data and on-line printing of

immediate need identification cards. The MEDS also produces regular Medi-Cal cards and maintains data on federal SSI/SSP and Medicare buy-in beneficiaries.

Medicaid (Title XIX): Authorized by Title XIX of the Social Security Act, the Medicaid Program provides medical benefits for certain low income persons. The program is jointly administered by the State and Federal Governments.

Medi-Cal: California's name for Medicaid, the federal and state program of medical insurance for needy and low-income persons.

Medi-Cal Card: A card issued to a person certified to receive Medi-Cal benefits. The card identifies the person as a Medi-Cal beneficiary and provides other information necessary to show Medi-Cal entitlement, Medicare coverage, limited service status, private prepaid health coverage, long term care, Share-of-Cost. etc. The card is generally a plastic Benefits Identification Card (BIC). Paper ID cards are used for Immediate Need and Minor Consent Program recipients.

Medically Necessary: Those health care services which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.

Mental Health Plan (MHP): An entity which enters into an agreement with the California Department of Mental Health to arrange for and/or provide specialty mental health services to Medi-Cal beneficiaries in a county in California. A MHP may be a county, counties acting jointly or another governmental or nongovernmental entity. The responsible MHP for services to a Medi-Cal beneficiary is the MHP serving the county that corresponds to the beneficiary's county of residence code as listed in the Medi-Cal Eligibility Data System (MEDS), unless another MHP is determined responsible pursuant to Section 1850.405. The specialty mental health services covered by county mental health Medi-Cal managed care plans operating in each county throughout the state include outpatient services and acute care inpatient services and are provided through primary care physicians as well as psychiatrists, psychologists, licensed clinical social workers, and certified marriage and family counselors.

Neglect: The failure to provide a person with necessary care and protection. In the case of a child, the term refers to the failure of a parent(s) guardian(s) or caretaker(s) to provide the care and protection necessary for the child's healthy growth and development. Neglect occurs when children are physically or psychologically endangered. The term includes both severe and general neglect as defined by Penal Code Section 11165.2 and medically neglected infants as described in 45 Code of Federal Regulations (CFR) Part 1340.15(b).

Out-of-Home Care Provider: In social services, a person or entity who provides foster care.

Permanent Placement Services: In social services, those services described in Welfare and Institutions Code Section 16501(i).

Planning: In social services, activity in which county staff and the child and/or his/her family mutually identify a specific goal, the specific services to be used in resolving identified problems, and service delivery methods.

Preplacement Preventive Services: Those services designed to help children remain with their families by preventing or eliminating the need for removing the child from the home. Preplacement preventive services are emergency response services and family maintenance services.

Preventive Care: Treatment designed to prevent disease or its consequences. There are three levels of preventive care--primary, such as immunizations, aimed at preventing disease; secondary, such as disease screening programs, aimed at early detection of disease; and tertiary, such as physical therapy aimed at restoring function after the disease has occurred. Commonly, the term "preventive care" is used to designate prevention and early detection programs rather than restorative programs.

Primary Care: A basic level of health care usually rendered in ambulatory settings by general practitioners, family practitioners, internists, obstetricians, pediatricians, and mid-level practitioners. This type of care emphasizes caring for the person's general health needs as opposed to specialists focusing on specific needs.

Primary Care Provider: A person responsible for supervising, coordinating, and providing initial and primary care to patients; for initiating referrals; and for maintaining the continuity of patient care. A primary care provider may be a primary care physician or nonphysician, medical practitioner such as a nurse practitioner or physician assistant.

Public Health Nurse: In California, a registered nurse using the title based upon their possession of a valid California public health nurse certificate issued according to provisions of the California Business and Professions Code Section 2816.

Public Health Nursing: According to California Business and Professions Code, Section 2818 (a), the Legislature recognizes public health nursing as a service of crucial importance for the health, safety, and sanitation of the population of California's communities. Services include, but are not limited to:

- Control and prevention of communicable disease.
- Promotion of maternal, child, and adolescent health.
- Prevention of abuse and neglect of children, elders, and spouses.
- Outreach screening, case management, resource coordination and assessment, and delivery and evaluation of care for individuals, families, and communities.

Regional Center: Contractor with the California Department of Developmental Services (CDDS) for the coordination of a wide array of services for California residents with

developmental disabilities, infants at high risk for developmental disabilities, and individuals at high risk for parenting a child with a disability. The CDDS contracts with 21 regional centers to offer services in all 58 California counties. Regional centers serve as the point of entry into the developmental disabilities service system, providing intake and assessment services to determine a child's eligibility and service needs.

Relative: Spouse, parent, stepparent, son, daughter, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin or any such person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution, or relatives of a child's half-sibling. For the purposes of preferential consideration for placement of a minor, "Relative" means an adult who is a grandparent, aunt, uncle, or sibling of the minor.

Small Family Home: Any residential facility, in the licensee's family residence, which provides 24-hour care for six or fewer foster children who have mental disorders or developmental or physical disabilities and who require special care and supervision as a result of their disabilities. A small family home may accept children with special health care needs pursuant to Subdivision (a) of Section 17710 of the Welfare and Institutions Code. In addition to placing children with special health care needs, the Department may approve placement of children without special health care needs, up to the licensed capacity of the facility.

Social Services or Services: The composite of service programs funded under the Social Security Act Titles IV-B and IV-E, and Title XX (as described in the child welfare services component of the California Department of Social Services publication "Title XX Block **Grant** Preexpenditure Report"), and any other applicable funding sources.

Specialized In-Home Health Care: Services such as gastroscopy tube feedings or multiple medication administration, but not limited to these, that have been identified by the child's primary physician as appropriately administered by a foster parent trained by health care professionals pursuant to the discharge plan of the facility releasing the child to an out-of-home placement.

Targeted Case Management: Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Title 22: Title 22, Division 3 of the California Administrative Code contains the rules and regulations governing the Medi-Cal program. These regulations define and clarify the provisions of state statute, chiefly the California Welfare and Institutions Code.

Title XIX: That portion of the federal Social Security Act which authorizes the Medicaid program. Medi-Cal is California's Medicaid program.

Treatment Authorization Request (TAR): In Medi-Cal, a request by a provider for prior authorization to provide specified service(s) to a recipient. The services requiring a TAR are listed in Title 22, California Code of Regulation, Articles 4, 5, and 7.

Visit: In social services, face-to-face contact between:

- A social worker or other person authorized by the Division 31 regulations to make visits with the child, the child's family, and/or the out-of-home care provider; or
- A child and his/her parent(s)/guardian(s), siblings, grandparents, or others deemed appropriate by the county or juvenile court.

Voluntary Placement: In social services, a placement described by Welfare and Institutions Code Section 11400(n).

Welfare and Institutions Code (W&I): The California code of law which includes the Medi-Cal Act (Section 14000), children under the jurisdiction of the juvenile court in dependency (Section 300) social services and delinquency (Section 600) probation.

Women, Infant and Children (WIC) Program: A federally mandated, nutritional feeding program for low-income pregnant, postpartum, and breastfeeding women, infants, and children under five who are at nutritional risk. WIC provides supplemental food, nutrition assessment and education, and referrals to appropriate medical and social services.

Public Health Nursing in Child Welfare Services Appendix

Selected Characteristics of Children in Foster Care

Selected Characteristics of Children in Foster Care
At the End of Three Consecutive Years
For the Month of August 1998

California Department of Social Services
Data Analysis and Publications Branch

This report is available at the web address
http://www.dss.cahwnet.gov/isb/docs/publications

This monthly report provides various general foster care characteristics and caseload data from the Foster Care Information System. The information includes reports for welfare-supervised and probation-supervised children for individual counties or statewide. The reports which follow are the characteristics of children statewide living in out-of-home care placements supervised by welfare and probation.

State of California
Department of Social Services
Data Operations Branch
FCI520

Characteristics of Children In Foster Care Status
As of End of Three Consecutive Years
Including Termination and Entry Activity During Year

County=Statewide
Agency=Welfare

Characteristics	August 1996	August 1997	August 1998
Cases Open on Last Day of Month	95,117	103,817	103,722
Federal Foster Care	58,290	64,818	65,711
Nonfederal Foster Care	14,016	12,062	11,079
Services Only/Non-F.C. Funded	22,861	26,937	26,932
Opened During Year	27,806	29,890	30,778
Terminated During Year	20,139	18,051	20,485
Average Age at Case Opening	7.0	6.8	6.5
Average Age	8.9	9.1	9.0
Average Age at Termination	8.7	8.9	9.2
Average Months in Placement	26.0	24.4	20.0
% Sex Female	50.6	50.6	50.6
Male	49 4	49 4	49 3
% Ethnicity White	35.5	33.7	30.8
% Hispanic	26.2	27.6	29.1
% Black	35.8	36.0	36.6
% American Indian/Alaskan Native	1.0	1.0	1.3
% Filipino	0.3	0.3	0.4
% Asian/Pacific Islander	1.1	1.1	1.3
% Ethnicity Unknown	0.1	0.3	0.6
% In Nonrelative Foster Family Homes	35.0	31.2	24.9
% In Relative Foster Family Homes	45.5	46.1	46.0
% In Group Homes	16.6	15.7	5.8
% In Facility Type Other/Unknown	2.9	7.0	23.3
Children Reunified During Year	13,119	11,232	10,995
% Of Terminations	65.1	62.2	53.7
Children Adopted During Year	2,226	2,454	1,208
% Of Terminations	11.1	13.6	5.9
Cases Closed For Other Reasons	4,794	4,112	7,945
% Of Terminations	23.8	22.8	38.8
Termination Reason Unknown	0	253	337

Source: Foster Care Information System

State of California
Department of Social Services
Data Operations Branch
FCI520

Characteristics of Children in Foster Care Status
As of End of Three Consecutive Years
Including Termination and Entry Activity During Year

County=Statewide
Agency=Probation

Characteristics	August 1996	August 1997	August 1998
Cases Open on Last Day of Month	5,321	5,637	5,436
Federal Foster Care	2,691	2,872	2,780
Nonfederal Foster Care	2,609	2,731	2,602
Services Only/Non-F.C. Funded	21	34	54
Opened During Year	5,288	4,702	2,310
Terminated During Year	4,208	3,919	2,520
Average Age at Case Opening	15.8	15.8	15.9
Average Age	16.4	16.6	17.1
Average Age at Termination	16.5	16.5	16.6
Average Months in Placement	15.2	13.5	13.2
% Sex Female	19.8	19.8	18.8
Male	80.0	80.1	81.0
% Ethnicity White	37.5	37.8	38.0
% Hispanic	30.7	31.8	32.9
% Black	25.5	23.7	21.1
% American Indian/Alaskan Native	1.4	1.6	1.6
% Filipino	0.5	0.7	0.7
% Asian/Pacific Islander	4.1	4.0	4.2
% Ethnicity Unknown	0.3	0.4	1.6
% In Nonrelative Foster Family Homes	9.5	10.5	16.1
% In Relative Foster Family Homes	2.7	2.6	2.4
% In Group Homes	86.7	85.5	59.7
% In Facility Type Other/Unknown	1.1	1.4	21.8
Children Reunified During Year	1,703	1,694	1,038
% Of Terminations	40.5	43.2	41.2
Children Adopted During Year	2	1	2
% Of Terminations	0.0	0.0	0.1
Cases Closed For Other Reasons	2,503	2,220	1,468
% Of Terminations	59.5	56.6	58.3
Termination Reason Unknown	0	4	12

Source: Foster Care Information System

Public Health Nursing in Child Welfare Services Appendix

Funding Public Health Nurses to Work in Child Welfare Services

Funding Public Health Nurses to Work with Children in Child Welfare Services

Counties/cities use four basic options to fund public health nurses working with children in child welfare services. The three most common evolve from claimable case management activities classified as eligible for federal financial participation (FFP) in the Medicaid program at either the *administrative or the service match rate*.[1]

Case management activities may be claimed through FFP as an *administrative cost* when the activities are necessary for the proper and efficient administration of the Medicaid State plan. The child welfare services department and the CHDP program claim the administrative case management activities of the public health nurse according to the match allotted for a skilled professional medical personnel (SPMP) through their respective agencies.

Administrative Case Management Funding through Medicaid

Child Welfare Services

How public health nurses are funded depends on their activities. County welfare departments may hire public health nurses meeting the designation of Skilled Professional Medical Personnel (SPMP) to conduct various activities claimable under Title XIX.

The Child Welfare Services (CWS) time study Code 1380 CWS-SPMP "includes selected activities to help children who are Medi-Cal eligible, including children in foster care and children seriously emotionally disabled (SED), to gain access to health related services in order to reduce their risk of poor health outcome. These activities include, but are not limited to the development, implementation and management of health related service plans; referrals to other agencies and programs for the assessment, evaluation or treatment of health related needs; interagency coordination and liaison with providers to health related services to improve the service delivery system, and in-depth informing...about the causes, prevention and remediation of health related needs; completing, updating, and disseminating any paperwork necessary to the completion of these activities; and receiving or providing health related training."[2]

The non enhanced activities performed by a PHN are claimed according to CWS-Health Related (HR) function code, appropriate to specific programs, such as Emergency Response, Family Maintenance, Family Reunification, or Permanent Placement. These activities are those that "...help children who are Medi-Cal eligible, including all children in foster care or children SED, to gain access to medical services and/or to attain or maintain a favorable physical or mental health condition by assisting them in identifying

[1] See Department of Health and Human Services, Health Care Financing Administration, Medicaid Program Case Management, *Federal Register 58* (October 15, 1993): 53481-53489; and Medicaid Program Rates of Federal Financial Participation (FFP) for Compensation and Training of Skilled Professional Medical Personnel and Directly Supporting Staff, *Federal Register 50* (November 12, 1985): 46655-46664.
[2] See Social Services Function Program Code Description, 1995.

and understanding their health needs or securing and utilizing treatment and health maintenance services. Such activities include, but are not limited to, performing, assisting the eligibility worker in, or assisting the parent of the child in applying for determination or documentation of Medi-Cal eligibility for children; development, implementation and management of health plans; referrals to other agencies and programs for health needs; statistical reporting; outreach activities to Medi-Cal eligible or potential eligibles about available services and programs; and liaison activities with medical providers."[3]

Contact your county Social Services department for information on this approach to funding public health nursing activities.

Child Health and Disability Prevention (CHDP) Programs

CHDP programs may hire public health nurses meeting the designation of a SPMP to conduct various activities claimable under Title XIX, consistent with those activities necessary for the proper and efficient administration of the Medicaid State plan. The SPMP pertinent function codes for working with and in behalf of children in foster care are defined in the Children's Medical Services Branch Plan and Fiscal Guidelines Manual, Section 10. The function codes specific to a public health nurse working with children in foster care include those of SPMP Administrative Medical Case Management, SPMP Intra/Interagency Coordination, SPMP Collaboration and Administration, SPMP Training, SPMP Program Planning and Policy Development, and Quality Management by SPMP. As in the CWS area, those activities not enhanced at the SPMP match rate are claimed appropriately under different function codes.

Contact your local CHDP program deputy director for information on this approach to funding public health nursing activities.

Medicaid Funding for *Targeted Case Management* Services

Case management activities may also be claimed through FFP as a *service* under the State plan when the activities are recipient based and for the purpose of linking an eligible individual with the most appropriate providers of care and services. Local health departments that have defined children in foster care as a target population needing assistance in accessing medical, social, educational and other necessary services may be able to receive funding through the State Department of Health Services for targeted case management services. The services of a public health nurse are claimed according to the match allotted for targeted case management services.

To obtain more information about this approach to funding, contact those local government agencies that have defined children in foster care as a target population in your county and who are drawing down funds for the provision of targeted case management services.

[3] See Social Services Function Program Code Description, 1995.

Funding through Grants or Special Programs

Special program funds or grants comprise the fourth approach. For example, the California Department of Social Services administers the Family Preservation and Support Program (FPSP) funded with Title IV-B, Part 2, Federal funds. The purpose of the FPSP is to develop and expand a community-based continuum of coordinated and integrated, culturally relevant, family-centered services in California that will support and preserve families, protect children, prevent child abuse and neglect, and enhance the community's ability to provide assistance and support.

To receive funds for the Family Preservation and Support Program, each county developed a one-year FPSP plan and a five-year plan based on local needs assessment for federal fiscal years that ended in 1998. The FPSP has been reauthorized for three years with increased funding available during fiscal years 1999 through 2001.

Children's health is a top priority in a number of the 56 counties utilizing FPSP funding and implementing approved plans. Depending on each county's approved plan, public health nursing activities may be claimable and could be discussed by contacting the county FPSP office (welfare department).

Other special project or program funds may be accessible through federal or private funding sources such as the Maternal Child Health Bureau, or private foundation funds such as the California Endowment.

Examples of Counties and Cities Implementing Various Funding Options

Public health nurses serving children in foster care are currently being funded in a variety of ways. A *partial list* of local government agencies (counties or cities) utilizing the funding options described above are listed subsequently.

Department of Social Services, Child Welfare Services

Alameda County
Los Angeles County
Marin County
Mendocino County
Riverside County
Sacramento County
San Bernardino County
San Mateo County
Santa Cruz County
Ventura County
Yolo County

Child Health and Disability Prevention (CHDP) Program

Public health nurses (PHNs) working in sixty-one CHDP programs in local health departments across the State of California provide a variety of supportive services for children in foster care or out-of-home placement. In the smaller counties, PHNs do not appear on budgets or organizational charts as having sole duties in the provision of these supportive services. In many of the larger counties, the number of children and the complexity of systems have resulted in PHNs implementing specialized roles in their work with social workers and children in foster care. The counties listed below have PHNs in dedicated FTEs, or portions thereof, working with social workers and children in foster care.

Alameda County
City of Berkeley
Contra Costa County
Fresno County
Marin County
Mendocino County
Monterey County
Nevada County
Orange County
Placer County
Sacramento County
San Diego County
San Francisco County
San Joaquin County
San Luis Obispo
San Mateo County
Santa Clara County
Santa Cruz County
Solano County
Sonoma County
Yolo County

Local Health Departments and Targeted Case Management

Santa Clara County

Grants

Alameda County

Public Health Nursing in Child Welfare Services Appendix

APHA PHN Section:

Definition and Role

THE DEFINITION and ROLE

of
PUBLIC HEALTH
NURSING

A Statement of APHA Public Health
Nursing Section

March 1996

Acknowledgment

This statement was developed by the Action Committee for PHN Definition Review under the direction of the Public Health Nursing Section Council. The Committee's work was assisted by an APHA Challenge grant award. The statement was adopted by the PHN Section Council at the March 1996 meeting. The Committee gratefully acknowledges the valuable assistance of individuals who contributed thoughtful comments and recommendations throughout the process of developing this definition and role statement.

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American Public Health Association, Public Health Nursing Section (1996, October), The Definition and Role of Public Health Nursing-A Statement of the Public Health Nursing Section. Washington, DC: Author.

The Definition and Role of Public Health Nursing
A Statement of APHA Public Health Nursing Section 1996

This definition of public health nursing practice is an update of the 1980 statement. It has been developed to describe the roles of public health nursing and to provide a guide for public health nursing practice in the evolving health care system.

Background Public health nursing practice is affected by biological, cultural, environmental, economic, social, and political factors. As part of the health care system public health nursing practice is responsive to these factors through working with the community to promote health and prevent disease, injury and disability (Appendix A).

The health needs of people in the U.S. and the role of public health have been addressed in public policy documents including the 1988 Institute of Medicine's The Future of Public Health, the 1990 Department of Health and Human Services' Healthy People 2000: National Health Promotion and Disease Prevention, the 1993 Public Health Service's The Core Functions Project: Health Care Reform and Public Health and the 1995 Institute of Medicine's Nursing: Health and the Environment: Strengthening the Relationship to Improve the Public's Health (Appendix B). The efforts to plan an effective health care delivery system in these documents include a recognition of the unique contribution public health nurses make to the health care system. This definition of public health nursing is designed to provide an understanding of the practice of public health nursing in the health care system.

Definition

Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

Public health nursing practice is a systematic process by which:

1. The health and health care needs of a population are assessed in order to identify sub-populations, families, and individuals who would benefit from health promotion or who are at risk of illness, injury, disability, or premature death.

2. A plan for intervention is developed with the community to meet identified needs that takes into account available resources, the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death.

3. The plan is implemented effectively, efficiently, and equitably.

4. Evaluations are conducted to determine the extent to which the interventions have an impact on the health status of individuals and the population.

5. The results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, state, and national health policy and research to promote health and prevent disease.

This systematic process is based on and is consistent with: 1) community strengths, needs and expectations; 2) current scientific knowledge; 3) available resources; 4) accepted criteria and standards of nursing practice; 5) agency purpose, philosophy and objectives; and 6) the participation, cooperation, and understanding of the population. Other services and organizations in the community are considered and planning is coordinated to maximize the effective use of resources and enhance outcomes.

The title "public health nurse" designates a nursing professional with educational preparation in public health and nursing science with a primary focus on population-level outcomes. The primary focus of public health nursing is to promote health and prevent disease for entire population groups. This may include assisting and providing care to individual members of the population. It also includes the identification of individuals who may not request care but who have health problems that put themselves and others in the community at risk, such as those with infectious diseases. The focus of public health nursing is not on providing direct care to individuals in community settings. Public health nurses support the provision of direct care through a process of evaluation and assessment of the needs of individuals in the context of their population group. Public health nurses work with other providers of care to plan, develop, and support systems and programs in the community to prevent problems and provide access to care.

The Role of Public Health Nurses Public health nurses integrate community involvement and knowledge about the entire population with personal, clinical understandings of the health and illness experiences of individuals and families within the population. They translate and articulate the health and illness experiences of diverse, often vulnerable individuals and families in the population to health planners and policy makers, and assist members of the community to voice their problems and aspirations. Public health nurses are knowledgeable about multiple strategies for intervention, from those applicable to the entire population, to those for the family, and the individual. Public health nurses translate knowledge from the health and social sciences to individuals and population groups through targeted interventions, programs, and advocacy.

Public health nursing may be practiced by one public health nurse or by a group of public health nurses working collaboratively. In both instances, public health nurses are directly engaged in the inter-disciplinary activities of the core public health functions of assessment, assurance and policy development. Interventions or strategies may be targeted to multiple levels depending on where the most effective outcomes are possible. They include strategies aimed at entire population groups, families, or individuals. In any setting, the role of public health nurses focuses on the prevention of illness, injury or disability, the promotion of health, and maintenance of the health of populations.

Examples of Activities of Public Health Nurses

The activities of public health nurses include the following:

1. They provide essential input to interdisciplinary programs that monitor, anticipate, and respond to public health problems in population groups, regardless of which disease or public health threat is identified.

2. They evaluate health trends and risk factors of population groups and help determine priorities for targeted interventions.

3. They work with communities or specific population groups within the community to develop public policy and targeted health promotion and disease prevention activities.

4. They participate in assessing and evaluating health care services to ensure that people are informed of programs and services available and are assisted in the utilization of available services.

5. They provide health education, care management and primary care to individuals and families who are members of vulnerable populations and high-risk groups.

Public health nurses provide a critical linkage between epidemiological data and clinical understanding of health and illness as it is experienced in peoples' lives. This understanding is translated into action for the public good. An illustration of this role is the surveillance and monitoring of disease trends within the community. Emerging patterns that potentially threaten the public's health are identified and appropriate interventions planned, coordinated and implemented. This is a role that public health nurses can do in any setting; however it occurs mainly in the public sector. Public health nurses contribute to systems for monitoring crucial health status indicators such as environmentally caused illnesses, immunization levels, infant mortality rates, and communicable disease occurrence in order to identify problems that threaten the public's health and develop effective interventions.

Factors Influencing a Strong Public Health Nursing Role Factors influencing the extent to which a strong public health nursing role is realized are the expectations and involvement of the populations served, agency objectives and resources, and the influence and leadership of public health nurses. Historically, public health agencies had a legislative mandate to protect and advocate for the health of the entire population in a designated jurisdiction. They coordinated their activities with private and voluntary health agencies, sharing common goals and concerns to meet the needs of the community.

The current health care system includes a range of public, private and managed health care providers with varying missions and levels of involvement with the community as a whole. The populations served by these provider agencies may be more narrowly focused and the care they deliver determined by funding source (e.g., managed care provider), setting (e.g., school or workplace), specific population characteristics (e.g., age or sex), or health concern (e.g., mental illness or obstetrics).

Realistic adaptations need to be made in the role of public health nurses practice according to the type of community-based health agency in which public health nurses

are located. in agencies with an explicit public health mandate, every effort should be made to strive for the full scope of practice described here (see Appendix C). Specific adaptations for the practice of public health nursing in agencies with varying degrees of public health focus are discussed in Appendix D.

Educational Preparation of Public Health Nurses Public health nursing is nursing practice focused on populations, incorporating core public health functions and science within the art and science of the nursing profession to improve or prevent decline in the health of populations. All public health nurses should have a background in the social and behavioral sciences, epidemiology, environmental health, current treatment modalities, and health care delivery options in order to fully understand health policy, research, and treatment choices and to translate this knowledge into the promotion of healthy populations. Public health science and principles are currently taught in baccalaureate nursing education. All public health nurses should have, at least, baccalaureate preparation.

Societal forces that have altered the health care arena over the past 15 years and the realities of existing supply of nurses have led public health departments and other community-based agencies to hire nurses without basic educational background in public health sciences. Thus many nurses currently perform public health activities based on skills acquired through experience. The ongoing education of nurses who practice in public health settings at baccalaureate and graduate levels should be encouraged and supported by their employing agencies. Masters and doctoral level programs prepare specialists in public health nursing and promote research and the development of public health nursing knowledge.

Summary Public health nursing is nursing practice directed toward a population. Public health nursing practice includes assessment and identification of sub-populations who are at high risk of injury, disease, threat of disease, or poor recovery and focusing resources so that services are available and accessible. The goal of public health nursing is to improve the health of populations through ongoing assessment; coordinated interventions; and care management, working with and through relevant community leaders, interest groups, employers, families and individuals; and through involvement in relevant social and political actions.

The underlying assumptions concerning the quantity, quality and availability of health care in the United States are under reconsideration and revision. Responsibility and accountability for the provision of basic health services to the entire population, and specifically to vulnerable populations, include both public and private providers. The dialogue must include public health nursing and the unique expertise and skills that public health nurses bring to promoting and protecting the health of populations.

Appendix A

Current Context of Public Health Nursing Practice - 1995

Key issues in the current context of health care delivery that affect public health nursing practice include health care reform, the delivery of care in a variety of community settings, increasingly interdisciplinary health care, an emphasis on health promotion and risk reduction, and changing demographics. Health care reform in the 1990's is influenced by concerns about cost containment and the growing number of uninsured and underinsured people who are unable to access health care in the private sector. The trend in health care reform is to manage care with the goal of controlling costs while maintaining quality and continuity of care.

Lack of access to affordable care created a need for primary care that public health departments stepped in to fill. The need for primary care emerged when health care programs initiated during the 1960's and 1970's were reduced or eliminated during the 1980's and 1990's. Other factors affecting the need for primary care included changing social forces, employment patterns and insurance rates. Many public health nurses currently provide primary care to individuals in this vulnerable population. The provision of primary care by public health agencies has its benefits, including improved prenatal care, childhood immunizations and infectious disease care. However, a cost to public health has been that public health nurses have had to focus on individual care rather than developing interventions based on population need. The impact of changes in access to care and in federal funding through state block grants is unknown. One possibility is that the changing health care environment will provide public health nurses with the opportunity to refocus their work and strengthen their capabilities to provide more population focused services with subsequent improvements in the health of entire communities.

There is an increasing emphasis on care delivered in the community. Advances in science have led to new treatments that enable health care providers to effectively treat conditions that were once terminal and manage complex illnesses outside the hospital setting. People are discharged early from hospitals after procedures that once involved lengthy stays. Outpatient surgery has replaced much inpatient care. Home care for recovery from an illness and terminal hospice style nursing care are available in most communities. Nurses who once worked exclusively in hospital settings are now providing patient care in the community.

The provision of a wider range of care by nurses in homes, schools and work settings has increased the importance of interdisciplinary efforts. Public health nurses work with a variety of providers, including counselors, health educators, nutritionists, outreach workers, pharmacists, physical therapists, physicians, social workers, and volunteers. They work with other providers or services; such as those in schools, the judicial system and social services to maximize the effective, efficient delivery of health services to individuals, populations, and communities.

The past ten years have brought increased emphasis on risk reduction, health promotion, and disease prevention efforts to improve the health status of individuals, families, and

populations. The Centers for Disease Control and Prevention (CDC) now identifies lifestyle choices among the factors affecting the ten leading causes of death. These include tobacco use, alcohol use, weight control and exercise. Health care providers target not only individuals at risk of making unhealthy choices, but also entire populations, systems, institutions, and communities. Public health nurses work on the complex social and resource issues involved in changing the health behavior of large population groups.

Changing demographic patterns also affect public health nursing practice. Culturally diverse populations in our communities now include people from throughout the world. Diversity exists in age, ethnicity, race, socioeconomic status, sexual preference, education, and health care practices in both urban and rural communities. There are differences in the appropriateness, availability and access to health care for these population groups. Public health nurses increasingly function as advocates for these groups at both clinical care and policy levels, because they understand ways to incorporate culturally sensitive approaches into strategies and interventions.

Health care reform is changing the delivery of health and a balance will have to be reached between managing the cost of care and maintaining public health commitments to the health of populations and the public good. Public health nurses have historically provided guidance to the health care industry and policy makers on behalf of people in need of care.

Appendix B

Public Policy Documents

1. The Institute of Medicine. 1988. The Future of Public Health.

2. Public Health Service. 1993. The Core Functions Project: Health Care Reform and Public Health.

3. U.S. Department of Health and Human Services. 1990. Healthy People 2000: National Health Promotion and Disease Prevention.

4. The Institute of Medicine. 1995. Nursing, Health and the Environment: Strengthening the Relationship to Improve the Public's Health.

The Future of Public Health defines the mission of public health as fulfilling society's interest in assuring conditions in which people can be healthy. Its aim is to generate organized community effort to address the public interest in health by applying scientific and technical knowledge to prevent disease and promote health. The report defined the core functions of public health as assessment, policy development and assurance.

The Core Functions Project identified ten activities performed in meeting the core functions. These include: 1) health status monitoring and surveillance; 2) investigation and control of disease and injuries; 3) protection of environment, work-place, housing, food, and water; 4) laboratory services to support disease control and environmental protection; 5) health education and information; 6) community mobilization for health related issues; 7) targeted outreach and linkage to personal services; 8) health services quality assurance and accountability; 9) training and education of public health professionals; and 10) leadership, policy, planning and administration. These identified activities have been used to describe the role of public health in health care reform. Public health nurses provide many of these services throughout the country.

Healthy People 2000 revealed the broad spectrum of health problems affecting people in the U.S. Specific objectives and recommendations were made to address these problems. It stressed that many diseases and problems are the result of interactions among the environment, genetics and lifestyle and can be affected by health promotion and disease prevention activities.

Nursing, Health. and the Environment: Strengthening the Relationship to Improve the Public's Health is a document prepared by the Committee on Enhancing Environmental Health Content in Nursing Practice. It highlights the growing need for public health nurses to be informed and involved advocates concerning environmental issues.

Appendix C

Public Health Nursing in Public, Official or Government Agencies

Legislative statutes and mandates direct official public health agencies to protect the health of the public and assure health care to a portion of the population determined to be at increased risk of disease or premature death. It is in these agencies that full implementation of the role of public health nurses has the greatest potential. is here that public health nurses, in collaboration with other disciplines, assess the health needs of a total population group, set priorities based on the risk status of certain subgroups, and then assure that health care services are provided to those groups, bringing to bear the full scope of public health nursing practice including advocacy and policy development.

In addition to the usual components of professional nursing practice such as direct care to vulnerable populations, risk assessment, health education and counseling, the distinguishing components of public health nursing practice include: 1) community assessment and analysis; 2) case finding and concern for those at risk to themselves or others who do not present themselves for care; 3) an emphasis on prevention at the most effective level; 4) advocacy and referral to other agencies in order to assure access to comprehensive health and social service; and 5) participation in public policy. These are examples of activities identified in the core public health functions.

Public health nursing services within agencies with a public health mandate often do not have sufficient resources or funding to meet all the identified needs for prevention, health promotion, and health maintenance of the populations they serve. Therefore, after assessing needs in partnership with the community, public health nurses bring the problems and needs to the attention of community groups and individuals and work cooperatively to ensure that efforts are made to meet them. This involves working with managed care organizations, hospitals, community agencies, researchers, educators, social service workers, other nursing agencies, law enforcement and other health care providers, elected officials, and citizens themselves.

Appendix D

Public Health Nursing in Private, Voluntary, or Non-Official Agencies

Most community-based health care agencies serve a specific segment of the community. The approach may be comprehensive and concerned with prevention of illness as well as treatment of disease or disability. However, comprehensive care may be offered to the individual but not to the entire family. In other instances, the agency intervenes only in relation to a specific health problem (e.g., hypertension, cancer, pregnancy) or a specific phase of a health problem (e.g., emergency, hospice, and halfway house). Regardless of the point at which nurses intervene in the health-illness continuum of the developmental phase of the client receiving community-based care, public health nursing practice is based on consistent principles. Because of the extraordinary diversity of programs and services and the current trend toward care in the community, the following guidelines are offered. They can be adapted to the particular characteristics of an agency.

The single factor that most distinguishes these programs from those with a public health mandate is the population definition used for planning and services. All too frequently, the target population or case load consists of those individuals who meet program criteria and present themselves for services. Program planning usually is based on the needs of these individuals rather than on the needs of eligible individuals, including those who fail to come for care. While it is true that comprehensive, holistic care with an appropriate emphasis on risk assessment and anticipatory guidance may be given to individuals who come in for care, often the focus of nursing service, planning, and programming does not go farther to include reaching the population at risk which the presenting individual personifies.

The first step in analysis of the population base requires the nurse to become familiar with the people enrolled in the program. If resources necessitate priority setting, it is important to identify those individuals/families at highest risk of illness or poor recovery for whom nursing intervention and resources can make a difference. In the second step of the analysis, the public health nurse must extend the scope of service to those individuals/families within the community who meet the criteria for service but who have not availed themselves of the care offered or have dropped out of the program. This "targeted outreach" becomes critical when a program wishes to measure its success by the improved health status of the entire community. The needs of and changes achieved in the group seeking care may not accurately reflect the health needs or health levels of the larger community. It is the responsibility of public health nurses and those working with the public health nurse to assure that services are available and accessible and that populations at risk are informed of them.

In summary, for those agencies in which program planning and evaluation for assessment, assurance and policy development based on the total population are not feasible, an intermediate approach is recommended. The nurse moves away from solely meeting the needs of consumers as individually presented and toward practicing public health nursing for all individuals or families within the population group or program focus.

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Public Health Nursing in Child Welfare Services Appendix

Standards for Nursing Practice in Child Protection Services

Standards for Nursing Practice in Child Protective Services

Introduction

Nursing practice in child protective service systems for children who have been abused, neglected or abandoned is characterized by an understanding of the wide range and varying intensity of phenomena affecting these children and their biological and substitute families. It is characterized by application of relevant theories as the basis for intervention using the principles of case management. The nursing process provides the systematic approach through which relevant decision-making can occur.

Professional Educational Preparation and Work Experience

A. Registered Nurse, licensed to practice in California

B. Public Health Nurse Certification

C. Bachelor of Science in Nursing (BSN) Degree

D. Additional training and work experience as listed below

1. Evidence of continuing education in:

    - Community-based health services for children, and, families
    - Growth and development of infants and children
    - Developmental needs of families, including foster families
    - Anticipatory guidance supportive to child and family development
    - Principles of child health promotion and nursing care of children with special needs
    - Multidisciplinary collaboration and interagency coordination

2. Previous work experience in:

    - An official Public Health Agency
    - Collaboration with other health professionals with regards to evaluation and management of families with special health care needs, and
    - Educating children and adults regarding health and accessing health services

Components of Standards of Nursing Practice

These components are drawn from the *1993 National Standards of Nursing Practice for Early Intervention Services* as developed by the University of Kentucky, College of Nursing through an MCH, Title V Grant, the *Nursing Standards for Early Intervention Services for Children and Families At Risk* California Nurses Association, January, 1990, and *the Standards of Community Health Nursing Practice*, American Nurses Association, Council of Community Health Nurses, 1986.

Standards of Care

Definitions

Population: Children who are receiving protective services due to abuse, neglect and/or abandonment.

Team: A group of people with varying levels of professional expertise (multidisciplinary) which includes, but is not limited to, caregivers, social workers, health care providers, school personnel, child advocates, nurses, and children.

System: An interagency, collaborative, multidisciplinary network of individuals serving the needs of abused, neglected or abandoned children.

Nurse: An individual with a degree in the field of nursing who works in Child Protective Services.

The nurse in the Child Protective Services System provides case consultation services to social workers and foster caregivers caring for abused, neglected or abandoned children and their families in order to promote early identification, evaluation, diagnosis and coordinated treatment for health problems and developmental disabilities The nurse collaborates with professionals in other disciplines in order to meet the complex care needs of the children and their families, and utilizes the following standards *in* practice:

Standard I: Assessment

Systematically collects, records, and analyzes comprehensive and accurate data regarding individual and aggregate health care needs.

Rationale: *Effective interviewing, case record review, nursing assessment and consultation with the team allows the nurse to reach objective conclusions and assist in the planning and design of appropriate health care systems and policies.*

Standard II: Diagnosis

Analyzes assessment data, utilizes scientific principles and professional judgment and collaborates with the team to determine appropriate nursing diagnoses for individuals and population aggregates.

Rationale: A logical basis for recommending health care services rests in the recognition and identification of human responses to actual or potential health problems that are prevalent among abused/neglected children and their families.

Standard III: Outcome Identification and Planning

Identifies expected outcomes that support the health and development of the child and assists in the development of an appropriate health plan.

Rationale: The nurse works with social work case managers to develop case plans which include specific goals and interventions delineating actions unique to the health needs of the infant/child, caregiver and family. The nurse works with the team to ensure that the child's health plan is used as a guide to monitor risk factors, therapeutic interventions, and progress toward the desired health outcomes.

Standard IV: Implementation

In partnership with the team implements actions identified on the health plan that promote, maintain, or restore health and development.

Rationale: Nursing actions reflect an understanding of the unique needs of the abused and neglected child and the family systems, and include interventions for all aspects of physical and mental health problems not only for the child but for the family as well. Above all, the nurse works as a health advocate for the child and family system by understanding the impact of the child abuse crisis on both the child and family systems.

Standard V: Evaluation

Evaluates the progress of the system, child, and the caregivers toward attainment of outcomes.

Rationale: Expert nursing consultation includes a dynamic process that incorporates ongoing alterations in data, diagnoses, or care plans into alternative plans designed to meet identified individual and aggregate health care goals.

Standards of Professional Performance for the Nurse within Child Protective Services

Standard I: Quality of Care

Accountable for promoting quality of health care for children receiving protective services.

Standard II: Performance Appraisal

Participates in self and program evaluation.

Standard III: Education

Maintains appropriate knowledge and skills to effectively implement the nursing standards of practice and specialty guidelines for children receiving protective services.

Standard IV: Collegiality

Contributes to the professional development of peers, colleagues, team members and community members.

Standard V: Ethics

Ensures health decisions and actions on behalf of children receiving protective services and their families are determined in an ethical manner.

Standard VI: Collaboration

Collaborates with the team to facilitate the provision of health care services to children receiving protective services.

Standard VII: Consultation

Consults with the team regarding the child's health issues and facilitates their inclusion into the child's overall case plan.

Standard VIII: Research

Applies and participates in appropriate, scientifically sound empirical research and theory as a basis for nursing practice.

Standard IX: Resource Utilization

In collaboration with the team, pursues strategies to enhance access to and utilization of adequate health care and educational services. Promotes provider relationships and development of community resources.