

# Children's Medical Services (CMS)



## Public Health Nursing Early Intervention (PHNEI)

*Child Welfare Public Health Nursing (CWPHN) Program, CMS*

## *Child Welfare Policy Roundtable*

*February 2, 2024*

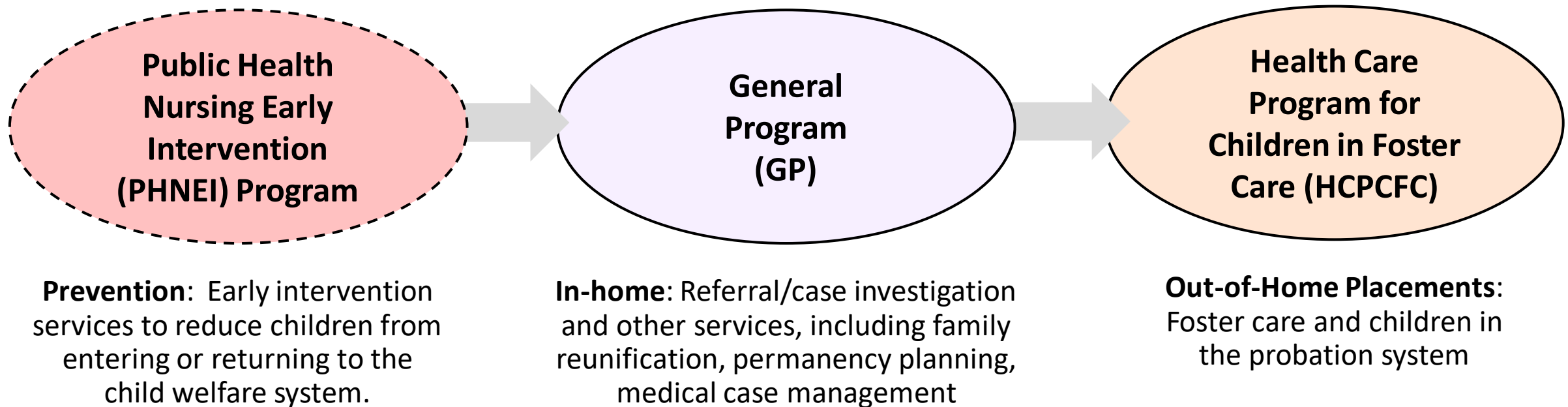
Craig Vincent-Jones, MHA, Deputy Director, CMS  
Yasangi Jayasinha, MD, FAAP, Director, CWPHN/CHDP, CMS

Health Promotion Bureau (HPB)  
Los Angeles County Department of Public Health



In **CWPHN**, PHNs advise and consult with DCFS Children’s Social Workers (CSWs) when there are medical issues impacting the care, health and safety of children and youth in the child welfare system: reviewing medical records, performing assessments, helping to coordinate care, conducting home visits, and managing psychotropic prescription use (in foster care).

## LA County Child Welfare Nursing System Continuum of Care





## In FY 18-19, the Legislature approved a PHNEI program for LA County to prevent child welfare recidivism:

- \$8.25 annually from State General Fund (SGF) administered by CDSS
- Eventually to be matched by Title XIX funds through DHCS
- Unfortunately, CDSS did not issue allocation letter until 2/2023
- LA County BOS approved the program in 5/2023, awarded the positions in 8/2023
- CMS engaged HMA to help refine SOW, to work out matching funds agreement with DHCS
- Nursing staff (from CHDP) began work in PHNEI on 2/1/2023

## The Governor's proposed elimination of the annual SGF allocation in his FY 24-25 budget on 1/10/24. The impact:

- No PHNEI, no services to children/family, limits CMS participation in FFPSA
- Undermines the ability of DPH/CMS to earn federal matching funds that it could apply to PHNEI/CMS' child welfare program activities
- Staff started working in PHNEI; potentially no positions for them in FY 24-25
- PHNEI allocation was being used to braid funding and potentially stem some of fiscal impact of the State's cuts on other child welfare programs such as HCPCFC
- **ADVOCACY NEEDED to restore the annual SGF allocation**

# PHNEI Targeted Outcomes (Goals)



Improve the health outcomes of affected children/youth and their families

Prevent children and families at imminent risk of entering the child welfare system from doing so, reaching them earlier and more effectively

Reduce recidivism of children/youth and their families in foster care and the child welfare system

Reduce the general program and foster care PHN caseloads by decreasing the number of families with medical challenges in the child welfare system

**PHNs work with families who have consented to continuing services that will help address children's medical/health needs and reduce risk engagement in child welfare services:**

**Eligible Population(s) *proposed*—**

- Children ages 0-18 with prior DCFS engagement **that did not result in removal from the home** (remain with custodial family) OR who are **exiting DCFS custodial care** who:
  - **Have medical condition(s)** that voluntary medical care support could help reduce the risk of future engagement in child welfare services
  - Where in home of the child there are medical or behavioral conditions affecting the welfare of the child.
  - Do not duplicate other types of available care/services (e.g., ECM, homeless)

## Proposed Referral Pathways:

- Children at imminent risk of child welfare involvement (Prevention):
  - Plans of Safe Care
  - Structured Decision Making/Mandated Supports
  - Post child welfare investigation (non-substantiated)
- Closed case post-investigation (Recidivism)
  - Post-out-of-home placement
  - Voluntary services offered post-child welfare case closure

## Proposed Interventions:

- Medical/medication case management
- Medical care coordination, referral and service coordination
- Enabling services to help families access and address physical, mental, and behavioral health needs
- Age/condition-appropriate screening, assessments, education
- Home visits
- Guide families to community resources as it relates to conditions/support

## **Proposed Matching Strategy:** Targeted Case Management (TCM)/Medi-Cal Administrative Activities (MAA)

---

Medi-Cal eligible children, under the age of 21 years old, who are: a) At high risk for medical compromise due to one or more specified conditions. Includes comprehensive assessment, for medical, educational social and other services; care plan development, referral and monitoring.

---

Approved billing strategy per SPA 4.19B 5 A-K (ca.gov). Interim payment rate followed by cost report to verify expenditures.

---

Will require time sampling and other cost reporting requirements.

## **PHNEI Statement of Position:**

### **Public Health Nursing Early Intervention (PHNEI) Program** *Statement of Position*

**The Role of PHNEI.** PHNEI is envisioned as an integral support to children, youth and families at risk of involvement or re-involvement in the child welfare system. Currently, the Child Welfare Public Health Nursing (CWPHN) Program provides Public Health Nurse (PHN) expertise to meet the medical, dental, mental health, and developmental needs of children and youth in the Los Angeles County's child welfare system administered by the Department of Children and Family Services (DCFS). PHNs consult with and advise children's social workers (CSWs) and refer and follow-up, as appropriate, on the medical and healthcare conditions of DCFS-involved children and youth through two programs. PHNs in the CWPHN General Program work with CSWs regarding children/youth who remain in the home of the parent and are involved in child abuse investigations or in voluntary family maintenance oversight. PHNs in the Health Care Program for Children in Foster Care (HCCPFC) work with CSWs regarding children and youth in foster care.

However, a significant gap exists; children/youth reported to DCFS but never investigated, with closed investigation cases, or exiting foster care often do not have access to the type of healthcare support the CW PHNs provide while they are in the child welfare system. PHNEI aims to provide public health nursing interventions to children, youth, and their families at imminent risk of entering or re-entering the child welfare system, but currently not served by existing programs.

**The Impact of PHNEI.** PHNEI is conceptualized as a means of strengthening supports for families in which health issues endanger family stability and child health and safety, which, without intervention, often lead to child/youth engagement in the child welfare and foster care system. PHNEI was expected to serve as a core component of the Los Angeles County strategy to align with federal Family First Prevention Services Act (FFPSA) mandates—whether as the necessary link in a Plan of Safe Care providing ongoing medical and nursing oversight and guidance to a family that has been impacted by substance use, for example, or as a conduit in the Structured Decision-Making solution for families in which a child's health care concerns have resulted in allegations of the child's neglect. PHNEI would have complemented, but not overlapped, the State's Enhanced Care Management (ECM) services by providing specialized health expertise and services which ECM providers could seek on behalf of their clients, or to child welfare populations who do not qualify for ECM services.

By statute, Los Angeles County's Department of Public Health (DPH) was directed to partner with the Department of Health Care Services (DHCS) to leverage the annual \$8.25 million State General Fund (SGF) allocation to earn federal Title XIX matching funds. Throughout FY 23-24, DPH has been collaborating with DHCS to operationalize matching fund strategies that could, once implemented, expand the program to two to four times the size created by the initial SGF allocation. Capitalizing on the initial allocation, the matching funds could enable PHNEI to reach a far greater number of Los Angeles County's ~20,000 children in foster care and the ~20,000 children in other child welfare services, and their families, achieving a far greater effect reducing child welfare and foster care recidivism.



**Thank you!!**

**Comments/  
Questions/  
Answers**

