

Child Protective Services Oversight Committee
Tuesday, September 20, 2016 | 4:00 PM to 6:00 PM
Child Abuse Prevention Center
4700 Roseville Rd, North Highlands, CA 95660

MEMBERS

Present	Present	Present
Alexander, Roy	X Felion, Sister Jeanne	Saika, Tony
X Bell, Michelle	X Johnston, Maynard (Chair)	Zone, Sharon
Claar, Jane	X Maulfair, Virginia	
X Edison, Joni	Ore, Chris	
X Powells-Mays, June (Counsel)		
X Nosce, Abigail (Staff)		

Call to Order

Meeting called to order at 4:10 pm. No quorum established.

Review Meeting Minutes

The approval of the August 16, 2016 meeting minutes was tabled.

Quorum Discussion

At the last meeting, it was suggested that a quorum may not be needed to approve meeting minutes according to Roberts Rules of Order. As a result of consultation with Sacramento County Counsel, it was determined that adoption of minutes may be treated as a consent item and can be approved without a vote if no corrections are required, or corrections are necessary but no objections to the suggested corrections are made. However, using this process does not eliminate the need for a quorum.

Sacramento County Public Health Nurses (PHNs)

Sacramento County Public Health Officer Dr. Olivia Kasirye, Acting Health Program Manager Angie Butters, CPS Program Planner Cynthia Vanzant and CPS/Public Health Nurse Supervisor Blanca Gomez educated the committee about the CPS PHN continuum of services. (See Attachment A: CPS PHN Continuum by Program, and Attachment B: Centralized Placement Service Unit)

- Over time, Public Health has become aware of the need to be more involved with CPS. Many health issues can be tracked back to adverse childhood experiences.
- PHNs working within the Sacramento County Child Welfare System work side by side with Social Workers and provide their services to the following five programs: Emergency Response/Informal Supervision (positions funded by CPS), Court Services (positions funded by CPS), Dependency (positions funded through California State Child Health and Disability Prevention Program (CHDP)), Adoptions (positions funded through CHDP), and Probation (positions funded through CHDP).
 - The Division of Public Health provides oversight for all PHNs within the Department, however supervision of the PHNs working within the Child Welfare System is provided by CPS.
 - All positions within each program are currently filled (with the exception of a 0.5 FTE in ER/IS which will be filled very soon).
- Emergency Response/Informal Supervision (ER/IS) PHNs provide direct services to CPS clients and family members, as well as consultation to CPS Social Workers (SWs) regarding medical or health issues. SWs make referrals to PHNs to assist with stabilization of medical issues and development of follow-up plans to ensure the safety of the child.

- Some examples of cases ER/IS PHNs assist with: children with autism, autoimmune disease, cerebral palsy, Type 1 diabetes, mental health issues, untreated dental decay, spina bifida, malnourishment, chronic homelessness, premature babies, high consumers of pediatric and specialty care, and children fed through a trach tube.
- PHNs also participate on the Medical Neglect Review Team where they conduct nursing assessments, provide interventions, refer to appropriate services and assist in identifying follow-up care to ensure the safety of the child.
- PHNs meet twice a month with SWs to review cases that involve medical neglect. The PHNs provide consultation about health issues and answer questions. This also provides an opportunity for the SWs to bring cases that are in need of linkage to services.
- Alta California Regional Centers and California Children's Services send representatives to review cases with the ER Team, ensuring cases are linked appropriately and identifying any issues in need of addressing.
- Data around the number of referrals to this program does not paint the whole picture; it does not take into account the amount of time it takes to work each case. Working cases is time and labor intensive and involves non-direct services such as troubleshooting Medi-Cal and researching/linking clients to available services.
- The needs for this program exceed the available resources. At least one or two more full-time PHNs are needed to meet the need.
- Court Services is a collaboration between CPS, Public Health, Behavioral Health and Sutter Health.
 - Over 400 cases were received by Court PHNs in the past five months, which was spread between two PHNs. This area has been identified as a high priority for directing more resources at this time. The expectation is that PHNs will see all children referred to this program, interview families, contact care providers, inform on urgent issues and medical/dental homes, gather records, work with court investigators, start a health and education passport (used for all placements) and enter information into CWS database. A third PHN will be hired soon and efforts are being put in place to receive more clerical support to alleviate the administrative work, but it is still unclear if this will be enough to serve the need.
 - Last year 650 children were referred to the HEARTS for Kids (H4K) program. All children referred saw a nurse practitioner and received a clearance exam, but not all were able to receive a home visit due to limited resources. Approximately 200 children did not receive home visits. However, all children were referred to Behavioral Health early intervention programs, which do home visits, help keep placements intact, and help with behavioral issues which result from past trauma.
 - Referrals to this program are low at this present time. In times of higher need, ER PHNs are able to assist the H4K program. H4K PHNs are not able to assist the ER/IS program, however, due to funding restrictions (funded by First 5 Sacramento).
- As services with the Court Services program end, cases are moved to the Dependency program. Dependency PHNs/RNs provide ongoing care coordination until Dependency is terminated.
 - There is a need for more nurses to assist the work of this program. Currently there are unassigned cases due to the high volume of children in this program.
 - There are no resources to provide field nurses to assist with home visits after cases move out of the Court Services program (Home visits are only provided by ER/IS and H4K PHNs). Dependency, Adoptions and Probation nurses are not able to provide home visits due to funding restrictions (funded by CHDP).
- CPS is piloting a program where RNs are sited at the Centralized Placement Services Unit (CPSU) to assess all youth removed from the home, triage youth experiencing a health issue and make

referrals on the spot. They also develop discharge summaries, provide consultation and education with patients and foster parents, and administer medication.

- The pilot began in July 2015 and so far has been a huge success.
 - Over the last four months, an average of 349 assessments and 311 consultations were conducted per month.
 - Currently there are four RNs staffing the program and two more will be hired soon.
- As a result of the FY16/17 Final Budget the Division of Public Health gained four PHNs to work in foster care programs and three PHNs for other programs within Public Health.
- If more funding for PHNs were granted:
 - More home visits could be provided.
 - More early intervention services could be provided by ER and Court PHNs which would help alleviate the work, as issues could be addressed on the front-end before they are escalated to a level that would require more resources to resolve.
 - A greater level of service could be provided to consumers of CPS Court Services.
 - PHNs would be able to provide more training to Social Workers regarding signs to look for with medically fragile children, commonly used medical equipment, and high-level overview/useful information about conditions commonly seen.
- Oversight Committee suggestions:
 - It may be useful to have a PHN available in the Emergency Hotline room to provide consultation and prompt questions.
 - It would be ideal for a PHN to be assigned to every case that meets criteria.
 - Once CPS closes the case, PHN services to the child/family cease. It would be ideal to have a system that would allow PHNs to follow all cases after they are closed with CPS.

Subcommittee Updates

Critical Incidents (CI) Subcommittee

- No new updates to report.

Systems Subcommittee

- The subcommittee will continue their reporting on AB 12 Youth outcomes for their section of the next Annual Report.

CPS QIC

- The small group did not meet this month. Next week is the large group meeting.

Staff Update

- Two Children's Coalition Members have expressed interest in joining the Oversight Committee:
 - Dimitrius Stone is Program Director at PRO Youth and Families. He previously worked at CAPC as a Program Manager.
 - Elizabeth (Betsy) Uda is Program Officer at SETA Head Start. Her background is in child development and has served on other boards/commissions such as First 5 Advisory Committee and Local Child Care Planning and Development Council.
- A non-Children's Coalition member has also expressed interest in joining:
 - Rebecca Green is Instructional Design Program Manager at CAPC. She may be joining the Children's Coalition, as well.

Chairperson Dr. Johnston and Sister Jeanne Felion of the Critical Incidents subcommittee will recommend that the Children's Coalition officially appoint Dimitrius Stone, Betsy Uda and Rebecca Green to the CPS Oversight Committee.

- Holly Ferreirae and Karen Alvord have resigned from the Oversight Committee due to a new position assignment and increased work commitments (respectively).

- A new DHHS Ombudsman and Civil Rights Coordinator has been appointed: Susan Anderson. Abigail will invite her to a future meeting.

2015 Annual Report Recommendations Funded by BOS

- In the County's FY16/17 Adopted Budget the Board of Supervisors (BOS) allocated funding towards some of the items recommended in the 2015 Annual Report. A letter was drafted thanking the BOS for allocating this funding. The draft was reviewed and approved by the Executive Committee.
 - Oversight Committee members reviewed the letter. No suggestions for changes were made. The letter will be on the next Children's Coalition meeting agenda to approve before it is sent to the BOS.

2016 Work Plan *(Agenda item tabled)*

Announcements

None.

Public Comment

None.

Meeting adjourned at 6:16pm

CPS PHN CONTINUUM BY PROGRAM

Contacts

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Angela Butters, Acting Health Program Manager 875-7673

Pam Harris, Director of Nurses 875-6086

	ER/IS	COURT	DEPENDENCY	ADOPTIONS	PROBATION
Number of PHN's	4.5 FTE: Home Visits	<u>A. HEART 4 KIDS</u> 3.5 FTE: Home Visits <u>B. Court PHNs</u> 3.0 FTE	6.3 FTE	1.0 FTE	.5 FTE
Services Overview	<p>The PHN assists SW's with investigation of allegations of child abuse on referrals which have health medical concerns/ conditions. The goal is to assist with stabilization of medical issues and assist with development of follow-up plans to ensure the safety of the child.</p> <p>The PHN provides direct services to CPS clients and appropriate family members such as conducting home visits, and coordination of medical services. The PHN is also available for consultation to SW's about medical or health issues. Attend TDM and MNRT as needed.</p>	<p>A. Provide health insurance screenings, referrals to routine physical and dental exams, assist to obtain and establish with medical homes, and to facilitate prompt treatment of urgent medical issues for children up to the 6th birthday. PHN's will conduct physical & development assessments, and refer to the Mental Health Early Intervention program for mental health assessments.</p> <p>B. Interviews parents prior to det. hearing to gather health information and obtains medical releases. Contacts community providers for health information and initiates the HEP. Addresses urgent issues and communicates critical information to caregivers. Collaborates with Court Services.</p>	<p>Provides ongoing care coordination until Dependency is terminated. Obtains medical records from providers. Monitors and assures annual exams are up to date. Conducts case management for children with chronic medical concerns. Provides health education and resources information to caregivers and Social Workers (SWs). Attends Team Decision Making (TDM), MNRT meetings for children with complex health conditions as needed.</p>	<p>Provides on-going care coordination the life of the case while in Adoptions.</p> <p>Conducts follow up of medical concerns and provides health education to caregivers and SW. Monitors and assures annual exams are up to date.</p> <p>Participates in disclosure meetings for children with complex health conditions.</p>	<p>Target Population: Probation youth in out of home placement</p> <p>Initiates and monitors HEP</p> <p>Reviews medical records, including psychotropic medications</p> <p>Provides consultation to Probation Officer regarding minor's medical/health conditions</p> <p>Coordinates care to ensure continuity of care and positive health outcomes.</p>
	Ages 0-18 years	A. Up to 6 th birthday B. Ages 0-18 years	Birth to 18 years	Ages 0-18 years	Probation Youth under 18
Services Timeframe	ER- Investigation up to PC or referral closure. IS – As needed and completion of nursing care plan.	A. PC up to 6 weeks B. Detention hearing up to 6 weeks.	From 6 th week of detention/closure by Court PHN until case is closed, transferred out of county or out of Dependency / Court Supervision.	From initiation of services until adopted and/or CPS termination.	Upon release from Juvenile Hall until end of Probation.

Guardianship and AB12: No PHN's assigned, however foster care nurses are available for general consultation only.

**CENTRALIZED PLACEMENT SERVICE UNIT
NURSING SUPPORT (Registered Nurses)
PILOT-2015**

Services Overview

The RNs conduct full head to toe assessments on all children that enter into custody. The goal is to ensure that all of the youth's medical needs are met. The RNs consult with child welfare staff, doctors, hospital staff, and foster parents. They administer medication for all youth that enter care who bring their labeled medication with them. The RNs triage any youth who might be experiencing a health issue and make referrals to Urgent Care, ER, or follow-up with their PCP. The RNs develop a discharge plan for youth who received medical treatment during their stay at CPSU.

Number of RN's: 4.0 FTE contracted through nursing registry

Services Timeframe: Monday through Friday: 7:00 am to 11:30 pm (2 RNs)

Saturday through Sunday: 3:30 to 11:30 pm (2 RNs
alternate weekends)

Currently in the process of hiring 2 RNs to work alternate
weekend shifts to cover 7:00 am to 3:30 pm shift

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