



CDSS

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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

June 2, 2016

ALL COUNTY LETTER NO. 16-48

TO: ALL COUNTY CHILD WELFARE PROGRAM MANAGERS  
ALL CHIEF PROBATION OFFICERS  
ALL TITLE IV-E AGREEMENT TRIBES  
ALL JUDICIAL COUNCIL STAFF  
ALL ADOPTION REGIONAL AND FIELD OFFICES  
ALL FOSTER CARE MANAGERS  
ALL COUNTY CHILD WELFARE DIRECTORS

SUBJECT: THE ROLE OF FOSTER CARE PUBLIC HEALTH NURSES IN THE  
OVERSIGHT AND MONITORING OF PSYCHOTROPIC MEDICATION  
USAGE FOR CHILDREN AND YOUTH IN FOSTER CARE WITH THE  
PASSAGE OF SENATE BILL 319

REFERENCE: SENATE BILL (SB) [319](#) (CHAPTER 535, STATUTES OF 2015),  
SB 238 (CHAPTER 534, STATUTES OF 2015); CIVIL CODE  
SECTION [56.103](#); WELFARE AND INSTITUTIONS CODE (W&IC)  
SECTIONS 5328.04 AND [16501.3](#); ALL COUNTY LETTER (ACL)  
[99-108](#); AND ALL COUNTY INFORMATION NOTICE (ACIN) [I-55-99](#)

The purpose of this ACL is to provide counties, child welfare directors, probation officers, foster care public health nurses, child welfare social workers, and caregivers with information regarding the activities the foster care public health nurse may perform as a result of the passage of SB 319.

**BACKGROUND**

Existing law requires the California Department of Social Services (CDSS) to establish and maintain a program of public health nursing in the child welfare services program that meets the federal requirements for the provision of health care to minor and non-minor dependents in the child welfare system. The foster care public health

**REASON FOR THIS TRANSMITTAL**

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

nursing program was established on January 1, 2000, to ensure that the physical, behavioral, dental and developmental needs of children in foster care are met.

In California, there are just over 9,000 children in the child welfare system that are prescribed psychotropic medication, which can cause side effects including but not limited to sleeping problems, weight gain or loss, diabetes or tremors. These side effects can cause additional harm without adequate oversight and monitoring. The SB 319 was established to allow additional safeguards regarding the oversight and monitoring of psychotropic medication use for children in the child welfare system.

Pursuant to W&IC section 16501.3(b), the foster care public health nurse works with the child welfare worker or probation officer to ensure that the health care needs of children in the child welfare system are met in an appropriate and timely manner. The foster care public health nurse shall work with the appropriate child welfare services worker to coordinate health care services and serve as a liaison with health care professionals and other providers of health-related services. These services are also to be provided to children in out-of-county and out-of-state placements. The foster care public health nurses are stationed with county welfare or probation staff to allow county staff easier accessibility to the services they provide to children in the child welfare system.

Foster care public health nurses are limited to providing administrative functions eligible for federal matching funds through the Medicaid (Title XIX) Program. Counties may exercise discretion to employ additional public health nurses to assist with some of the duties recommended by SB 319.

The foster care public health nurses perform the following duties:

- Document that the child received initial and follow up health screenings that meet reasonable standards of practice;
- Collect health information and other relevant data regarding the child as available to determine appropriate referrals and services such as early intervention services, specialty services, dental care, mental health services and other health related services for the child;
- Participate in medical care planning and coordination for the child, which may include but is not limited to:
  - Assisting case workers in arranging for comprehensive health and mental health assessments, interpreting the results of health assessments or evaluations for the purposes of case planning and coordination; and facilitating the acquisition of any necessary court authorizations for procedures or medications;

- Monitoring and oversight of psychotropic medication including but not limited to the following: confirming that the juvenile court has authorized the psychotropic medication to be administered to the child; documenting in the child's health and education passport and child welfare services/case management system any psychotropic medication prescribed and administered to the child, as well as laboratory tests, other screenings, measurements, evaluations and assessments that have been completed for the child.
- Ensuring the creation of linkage among various providers of care and advocating for the health care needs of the child.
- Provide follow-up contact to assess the child's progress in meeting treatment goals;
- At the request of a non-minor dependent, assist the non-minor dependent with accessing physical and mental health care, making informed decisions about his or her healthcare by, at a minimum, providing education materials, and assist the non-minor dependent to assume responsibility for his/ her ongoing physical and mental health care management; and
- Collaborate with child welfare and probation staff and provide consultation and assistance in the collection and interpretation of health care information, development of health resources, as well as develop and provide applicable training programs for health, child welfare, probation and juvenile court staff.

### **TRAINING FOR THE FOSTER CARE PUBLIC HEALTH NURSE**

As a result of SB 238, which was passed concurrently with SB 319, foster care public health nurses will now receive training regarding the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic medications, trauma, and substance abuse disorder and mental health treatments, including how to access those treatments, for children in the child welfare system. A stakeholder group, led by CDSS and the Department of Health Care Services, will develop the curriculum for the training and will be available statewide when completed.

### **CHANGES TO THE ROLE OF THE FOSTER CARE PUBLIC HEALTH NURSE**

The SB 319 amends W&IC section 16501.3(c)(3) to add "monitoring and oversight of psychotropic medications" to the list of activities included in the planning and coordination of health care that may be performed by the foster care public health nurse. The monitoring and oversight of all prescription medications may be part of the foster care public health nurse's requirement to participate in medical care planning and coordinating for every child in foster care. The SB 319 makes explicit that monitoring

and overseeing the use of psychotropic medications is allowable in the role of the foster care public health nurse as a component of the overall medical care coordination provided to foster youth.

The W&IC section 16501(c)(5) was also amended by SB 319 to include clarification that at the request of and under the direction of a non-minor dependent, the foster care public health nurse shall assist the non-minor dependent in making informed decisions about his or her health care by at a minimum, providing educational resources and materials.

Additionally, SB 319 amended section 56.103 of the Civil Code to allow health care providers to disclose medical information to the foster care public health nurse, as well as the county social worker or probation officer, for the purpose of coordinating health care services and medical treatment of youth in the child welfare system. The SB 319 ensures that foster care public health nurses have access to the child's medical, dental, and mental health information, which will improve their ability to fulfil their duties. This new provision will allow the foster care public health nurses to have greater flexibility in providing services to the children in care as they will be able to get medical records directly rather than needing to coordinate receipt of the records from county child welfare workers and probation officers. The foster care public health nurse will continue to consult and collaborate with county social workers and probation officers to ensure that the medical, dental and mental health needs of the child are being met.

If you have any questions regarding this ACL, please contact the Placement Services and Support Unit at (916) 651-7465.

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division