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CHILD HEALTH &  
DISABILITY PREVENTION PROGRAM

FY 2011-2012

Executive

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The Child Health and Disability Prevention (CHDP) Program Executive Committee and the Statewide Organization of County CHDP Directors and Deputy Directors support the realignment of Health and Human Services responsibilities and revenues from the State level to local governments but strongly urge the retention at the state level of the Health Care Program for Children in Foster Care (HCPCFC). In order to assure that foster children in the Health Care Program for Children in Foster Care (HCPCFC) continue to have access to and documentation of needed health care services it is imperative that the HCPCFC be excluded from the proposed realignment. This will preserve the gains and unique protections of the HCPCFC which has led to the Program's success. This requires its preservation as it currently exists, under the Department of Health Care Services, with Children's Medical Services (CMS) oversight.

Research consistently documents that children and their families in the foster care and juvenile justice systems are a disproportionately high risk and vulnerable population with significant health care needs. HCPCFC Public Health Nurses (PHNs), working in collaboration with the Department of Social Services, have been effective in addressing these needs by providing the following:

- Assuring foster children receive their initial health screenings and comprehensive assessments of their medical, mental, dental and developmental status
- Assuring the medical, dental, mental health and developmental providers receive the necessary medical information to best diagnose and treat these children
- Providing parents and caregivers with the necessary education and support to effectively care for children in out of home placement and
- Most importantly, assure the oversight, coordination and continuity of health care services for all foster and probation foster youth

## Realignment of Health and Human Services Revenues

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The HCPCFC provides the necessary degree of skilled intervention to monitor and stabilize the health of foster children. This evidence-based program, passed by the California Legislature in 1999 (Assembly Bill 1111) is administrated by the CHDP Program and provides health care coordination for thousands of California's foster children, who are court detained and are in foster homes or juvenile group home facilities. The HCPCFC PHNs utilize best practice models that have been developed to specifically manage the unique health needs of foster children.

It is the position of this committee that it will be a grave detriment to the children in out of home placement if the HCPCFC is not preserved in its current fiscal and programmatic structure and with CMS oversight. As much as \$18 million dollars through federal participation matching funds and hundreds of jobs could be at stake should the HCPCFC be realigned. Most importantly, it is probable that the thousands of children in out of home placement would no longer benefit from HCPCFC PHN health care coordination. Our recommendation to preserve the HCPCFC and exclude it from realignment is an effort to keep foster children and probation foster youth as healthy as possible in accordance with California law in the most efficient way.

Sincerely,

Michelle Pearl-Krizo  
Chair, Statewide CHDP Executive Committee

cc: Robin Qualls  
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