

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 (HCPCFC)** 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.

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The Need for PHNEI. Providing PHNs to this vulnerable group of children/youth and families will reduce recidivism by identifying and working with up to 4,000 families a year to address the continued and improving health and well-being of their children and youth before and after involvement with the child welfare system and preventing their entry/re-entry into it.

In November 2023, DCFS received 5,118 referrals (calls to report child abuse) involving 9,401 children and youth. Over a third of these calls (involving 3,047 children) were evaluated out and did not become investigations. Some of these children/youth may be experiencing health issues that parents do not recognize or for which the parents may be facing barriers accessing the help they need to manage their children's known health problems. These issues, when left unattended, can result in suspicions of medical neglect and referral to DCFS. The nurses in PHNEI, with the consent of the family, can assist them during home visits, by reviewing medical records, ensuring medical and dental appointments are scheduled, and help them identify, assess and address health problems affecting family stability and overall family health and well-being. PHNEI intervention can improve the family's access to and use of needed services and prevent additional referrals to DCFS. Once children/youth leave foster care and return to their biological families, the nurses in PHNEI would be available to work with families to assist and support them as they continue to navigate their child's/youth's health issues and their effect on the family.

The Clients of PHNEI. The following hypothetical case describes how PHNEI could intervene:

A DCFS referral was opened for investigation due to a report of physical abuse of a child. The case was closed because the allegations of physical abuse were not substantiated (note: by statute, DCFS must close investigations in 30 days to reduce and prevent unwarranted disruption of the family). In the course of the investigation the nurse in the CWPHN General Program noted that the child had a serious chronic condition requiring medication. In discussions with the mother, the PHN learned that the child was almost out of medication and, despite the mother's efforts, she had been unable to get an appointment with the specialist who could prescribe the refill. As a result, the child had not seen the specialist in over a year. Even though DCFS had closed the investigation, which ended the involvement of the General Program nurse with the family, the nurse in the PHNEI program would be able to continue to work with the mother, helping her secure the needed specialty medical visits, ensure they were scheduled and attended, get the necessary medication prescriptions and re-fill them, and provide guidance and support on how to navigate the complex health care system and coordinate measures to address the child's health care needs.

The History of PHNEI. Service Employees International Union (SEIU) originally sponsored County-supported legislation in FY 18-19, approved by the Legislature and the Governor, that enabled PHNEI to complement Los Angeles County's other CWPHN services. Due to the pandemic, PHNEI's implementation was delayed several years, but California Department of Social Services (CDSS) finally confirmed availability of the annual \$8.25 million SGF allocation for PHNEI at the close of FY 22-23. Since then, DPH's Children's Medical Services (CMS) has worked aggressively to secure Board of Supervisors approval, obtain necessary staffing positions (23

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nurses plus other staff), and to collaborate with Health Management Associates (HMA) to finalize the program's scope of work. Public Health planned to launch initial services in April/May 2024. Before the program even had a chance to get off the ground, the Governor proposed eliminating it in his January proposed budget for FY 24-25, along with cuts to a number of other child welfare services and programs.

The proposed elimination of the program before it has even started, if enacted, will also have wider deleterious consequences in Los Angeles County's child welfare public health system. DPH had already begun migrating nursing and other staff from another program that DHCS plans to sunset in June 2024, the Child Health and Disability Prevention (CHDP) program, into PHNEI. The end of PHNEI leaves enormous gaps in service responsiveness to the population of children and their families in child welfare and foster care programs, and also displaces a significant number of DPH clinical and other staff with the skills, expertise and experience addressing these population's needs.