Section 2 - CURRENT OPERATIONS

Section 2 - CURRENT OPERATIONS 1
Websites 2
CMS Plan and Fiscal Guidelines (PFG) 3
Selected sections and pages of the PFG related to HCPCFC 3
Section 4 Data Form Examples 3
HCPCFC Executive Subcommittee Guidelines 4
Consultation and Care Coordination for Out-of-County Placements 4
Continuity of Care and Case Coordination 7
Working in the Probation Department 9
Content, Review and Update of the Health and Education Passport 10
CHDP Informing for Foster Care (diagrams) 12
Foster Care PHN Regional Associations 14
Health Education Passport (HEP) Training 15
SAN BERNARDINO COUNTY REVISED CWS/CMS HEP INPUT INSTRUCTIOINS 15
SAN BERNARDINO COUNTY REVISED COURT HEALTH HISTORIES INPUT 23
CONFIDENTIALITY ISSUES 30
Pscyhotropic Medication Regulations 31
Welfare and Institutions Codes 369.5 31
JV220; JV220A (see Forms, Section 4) 31
Special Health Care Needs 32
Welfare and Institutions Codes 17710 32
Welfare and Institutions Codes 17720 33
Welfare and Institutions Codes 17730-17738 33
Juvenile Dependency Flowchart 40
PM 160 Immunizations Codes 40
Regulations and More 41
Welfare and Institutions Codes 739 (A-G) - Medical Care for Probation 41
Welfare and Institutions Codes 369 – Medical; Surgical, Dental Care Information 43
Welfare and Institutions Codes 16010 (A-F) – Health and Education Records of Minors 45

Websites

Health Care Program for Children in Foster Care (HCPCFC)

The HCPCFC website provides a program overview, resources, a public health nurse directory, event calendar and other information regarding the Program.

http://www.dhs.ca.gov/pcfh/cms/hcpcfc/overview.htm

Child Health and Disability Prevention (CHDP)

The CHDP website provides an overview, eligibility criteria, a program directory, letters, notices and other information regarding the program.

http://www.dhs.ca.gov/pcfh/cms/chdp/

Children's Medical Services (CMS)

The CMS website has links to the various programs in CMS.

http://www.dhs.ca.gov/pcfh/cms

Child Welfare Services/Case Management System (CWS/CMS)

This website was designed with the needs of child welfare workers and provides timely and accurate information concerning CWS/CMS related issues.

http://www.hwcws.cahwnet.gov

CMS Plan and Fiscal Guidelines (PFG)

The PFG contains information and instructions for the county CMS programs to prepare their budget plans.

http://www.dhs.ca.gov/cms/pfg.htm

Selected sections and pages of the PFG related to HCPCFC

Section 1 - CMS Branch and Program Descriptions
Section 4 - Data Forms (Additional Guidance Information listed below)
Section 5 - MOU and IAA (Sample MOU Available Section 1)
Section 9 - FFP (Federal Financial Participation)

Section 4 Data Form Examples

The Data Forms help each county to evaluate its program needs, performance, and trends.

The five Data Forms Examples for Inclusion in County Budget Plans should include the following information: (1.) Description of Child and Health Services Needed (more than one sentence); (2.) Intervention and Coordination of Care, to include demonstration of multidisciplinary collaboration of PHN and documentation in the HEP; (3) the results of the PHN's interventions that demonstrate the positive outcome or effect for the child and family. *Examples should NOT document "direct care" provided to the child or family by the PHN.* As "administrative" care coordinators, HCPCFC PHNs should refer any direct care needed by the child/family to the field PHNs.

Section 4 of the PFG has instructions which will include the expectations for examples, such as:

- Reflecting diversity of local program area and resources (urban/rural, resource deficits)
- Reflecting diversity among children's needs such as age, ethnicity, transitional, medical home coordination/collaboration, placement through probation or child welfare
- Illustrating the complexities in a concise way according to the major headings of the example:
  - ∞ Child (Initials, age, type of placement) and health services needed;
  - ∞ The intervention and coordination of care; and
  - ∞ The results demonstrating the outcome for the child.

HCPCFC Executive Subcommittee Guidelines

This guideline was drafted by the HCPCFC Executive Subcommittee and approved by the CHDP Executive Committee in March 2003.

Consultation and Care Coordination for Out-of-County Placements

The purpose of this guideline is to assure statewide uniformity for peer to peer Foster Care Public Health Nurse (FC-PHN) consultation and health care coordination for children/youth placed outside of their county of jurisdiction or transferred into a new county of jurisdiction**.**

On behalf of the child, FC-PHNs work collaboratively with a variety of persons and systems to assist the caseworker to assure:

- Timely communication with the foster care team members;
- Relevant consultation on health care needs;
- Effective collaboration with the principle parties involved in case supervision and provision of services; and
- Accurate and timely documentation in the case record.

GOAL:

Each child in out-of-county placement shall receive timely and appropriate health care services consistent with the case plan.

GUIDELINE:

To accomplish this goal, FC-PHNs will collaborate with their FC-PHN counterparts and foster care team members in the relevant counties to ensure that the health care needs are addressed and documented in the Child Welfare System/Case Management System (CWS/CMS), Health and Education Passport (HEP) or its equivalent. Specifically,

1. The caseworker and the FC-PHN in the <u>county of jurisdiction</u> are responsible for care coordination to ensure health care services are obtained and documented for the child/youth in the county of placement. The FC-PHNs in the <u>counties of jurisdiction and placement</u> will notify and consult with each other on the needed care coordination activities once they become aware of the out-of-county placement status of the child.

2. The FC-PHN in the <u>county of placement</u> will provide a list of health care providers and information on community support service contacts to the county of jurisdiction foster care team as needed. Further involvement in care coordination, i.e. facilitating referrals, follow-up on health services needs, and consultation with the substitute care provider will depend upon the complexity of the health

services needs and the availability of the FC-PHN in the county of placement for these activities.

PROCEDURE:

Situation 1. When the jurisdictional responsibility for the child/youth is <u>transferred</u> from one county to another county, full financial responsibility for case supervision and services become the responsibility of the new county of jurisdiction.

1. The FC-PHN and caseworker in the county of jurisdiction work together to address health care needs and keep the HEP up-to-date.

2. When notified of the transfer-in, the FC-PHN in the new county of jurisdiction may contact the FC-PHN in the previous county to confer on the health care services needs of the child/youth.

Situation 2. When the child/youth is <u>placed</u> outside of the county of jurisdiction, the original county Juvenile Court maintains responsibility even though the placement is in another county. The case stays with the caseworker in the original county of jurisdiction. Health services are usually provided in the county of placement.

1. The FC-PHN and caseworker in the county of jurisdiction assure health care needs are addressed and documented in theCWS/CMS, HEP or its equivalent.

2. The FC-PHN in the county of placement will provide a list of current medical, dental, developmental and mental health providers.

3. The FC-PHN in the county of placement may be requested to:
   a. consult on the availability of health services in the county of placement
   b. provide updates as often as needed,
   c. participate in case conferences as necessary, and
   d. assist with the documentation of services.

Situation 3. When the child/youth is <u>placed</u> outside of the county of jurisdiction, the original county Juvenile court maintains responsibility and then <u>contracts</u> with the county of placement for selected supervision and services. Case supervision and services are outlined in the written agreement (contract) between the contracting counties. Health services are usually provided in the county of placement.

1. The FC-PHN in the county of jurisdiction will work with the caseworker to assure health care needs are addressed and documented in CWS/CMS, HEP or its equivalent.

2. The FC-PHN and caseworker in the county of jurisdiction assure that all health information including the HEP is sent to the county of placement in a timely manner.

Note: Key to the success of FC-PHN consultation and care coordination is prompt notification from the case worker of the location of the child/youth and the terms of the written agreement regarding the health care services.

KEY ELEMENTS TO SUPPORT THE PROCEDURES

FC-PHNs must have:

- **Access to past, current and future health care needs and services information for the child/youth**;

- **Contact with the sending/ receiving caseworker and sending/receiving FC-PHN** responsible for the case planning, supervision and services. Prompt communication through the use of the telephone, FAX and/or CWS/CMS;

- **Information on the jurisdiction and current placement** from the caseworker who is requesting health services consultation for a child/youth. Timely and accurate notification of changes in placement is essential (Child Welfare System/Case Management System or contact with the child welfare services supervisor);

- **Access to caseworker** for consultation on health issues i.e. Medi-Cal eligibility determination, Medi-Cal aid code transfer, Medi-Cal Managed Care Plan dis-enrollment and secondary residence assignment, removal of Other Health Coverage code from the Medical Eligibility Data System (MEDS);

- **Active knowledge of the provider resources and community support services** available to provide services to children/youth in foster care within the county of placement; and

- **Access to local CHDP program personnel** for information on the provider network and the coordination of resources for the child/youth as needed.

Continuity of Care and Case Coordination

This guideline was drafted by the HCPCFC Executive Subcommittee and approved by the CHDP Executive Committee on January 18, 2006.

To assure the continuity of care and case coordination for public health nurses funded by Child Health and Disability Prevention, Health Care Program for Children in Foster Care, and Child Welfare Services

The Foster Care Public Health Nurse will:

1. Participate as a team member to maintain child health, well being and safety as a priority.

2. Establish program mission, goals, and objectives and share between PHN programs social workers and probation officers for which we provide consultation.

3. Have available at worksite, program policies and procedures to include; scope of work, memorandum of understanding, guidelines and duty statement as a resource to provide clarification about program duties and responsibilities.

4. Determine Public Health interventions and focus levels based on a recognized public health nursing interventions model, such as the Minnesota DHS PHN Section's Public Health Nursing Interventions Model, * to improve the health status of foster children.

5. Communicate changes in program goals and objectives to all PHNs working in Child Welfare/Juvenile Probation.

6. Attend multidisciplinary/case conferences as a PHN consultant to improve communication between disciplines and advocate for children's health care needs.

7. Provide resources and referrals for professionals and caregivers to support the health care needs of children in Child Welfare.

8. Attend Social Worker/probation officer unit meetings to promote a team approach between PHNs and Social Workers/Probation officers.

9. Provide outreach and education to social workers/probation officers, care providers, foster youth and the community regarding the health care needs of the foster child and how to access foster care PHN services.

10. Promote continuity of care for children with special health care needs as the child/youth transition through the child welfare and juvenile probation systems.

11. Assess health care needs of children within the Child Welfare system and participate within the multidisciplinary team to ensure the coordination of and access to health care.

12. Ensure the integrity of the health information documented in the Health and Education Passport or its equivalent.

13. Maintain updated PHN rosters and share with appropriate disciplines.

14. Network with other PHNs within the child welfare and probation systems to maintain consistency of practice.

Working in the Probation Department

This guideline was drafted by the HCPCFC Executive Subcommittee and approved by the CHDP Executive Committee on January 18, 2006.

The following guidelines are for the Public Health Nurse (PHN) working in the juvenile probation departments. The target population is probation youth placed in out of home care.

The Foster Care PHN will:

1. Consult with the Probation Unit, Probation officers (PO) to the probation placement unit, group homes (both in-county and out-of-county), Substitute Care Providers (SCP), and medical/dental providers to advocate for the health care needs of youth in out of home placement.

2. Assist group homes/SCP in obtaining initial and annual comprehensive exams in a timely manner and assist in referrals for youth who need medical, dental and mental health services.

3. Serve as an administrative case manager to assist/facilitate referrals to early intervention providers, specialty providers, dentists, mental health providers and community programs/resources interpret medical reports for PO's, juvenile court officers, substitute care providers and group home staff.

4. Assist PO in initiating and maintaining the Health and Education Passport (HEP) or equivalent for each probation youth in out of home placement.

5. Orient/train PO regarding the role of the FCPHN working in probation in relationship to the health care needs of the youth, local medical and dental resources, Medi-Cal benefits, and the HEP.

6. Provide training for local group homes regarding the role of the FCPHN and preventive health care requirements for the youth.

Content, Review and Update of the Health and Education Passport

This guideline was drafted by the HCPCFC Executive Subcommittee and approved by the CHDP Executive Committee on January 18, 2006.

The following guidelines are for the use of the Public Health Nurse (PHN) working in Child Welfare Services (CWS) or Juvenile Probation. The guidelines pertain to content, update and review of the Health component of the Health and Education Passport (HEP) or its equivalent. The HEP is referred to as the Health and Education Summary in the Welfare and Institution Code, Section 16010. All guidelines are designed to meet the health information requirements of that section. Appropriate subsections are referenced as applicable.

Content of the health passport

1. Per W and I Code Section 16010. (a) the health passport is to include, but not be limited to:
   - health providers names and addresses
   - dental providers names and addresses
   - immunizations
   - allergies
   - known medical problems
   - current medications
   - past health problems
   - past hospitalizations
   - relevant mental health history
   - known mental health conditions
   - other relevant, mental health, dental or physical health information.

"*If any other provision of law imposes more stringent information requirement, then that section shall prevail*."

2. Information for the Court

   - Per W and I code Section 16010. (b) The Health-Education Passport shall be included with the court reports regarding adoption, guardianship, permanency reviews, supplemental reports, status review, Kin Gap eligibility, or return to the biological parents. (Court reports required pursuant to subdivision (g) of Section 361.5 Section 366.1 subdivision (d) of Section 366.21, or subdivision (b) of section 366.22)

- The role of the PHN is to ensure HEP content integrity. Current information in the passport will allow CWS/probation to access and print the HEP for inclusion with court reports.

3. Information for the Substitute Care Provider

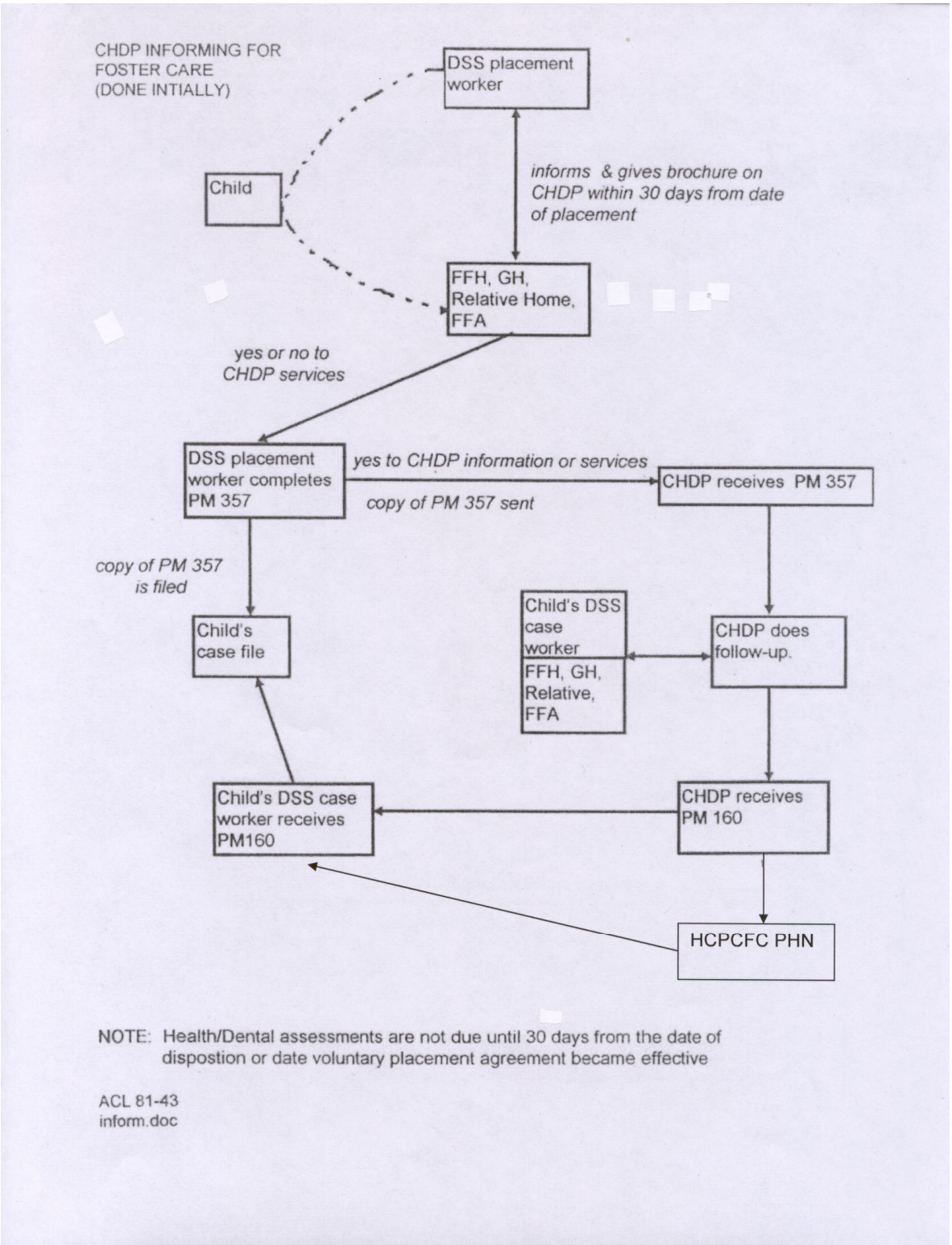
- Per section 16010. (c) as soon as possible, but not later than 30 days after initial placement of a child into foster care, the child protective agency shall provide the caretaker with the child's current health and education summary as described in subdivision (a). For subsequent placements the child protective agency shall provide the summary within 48 hours.

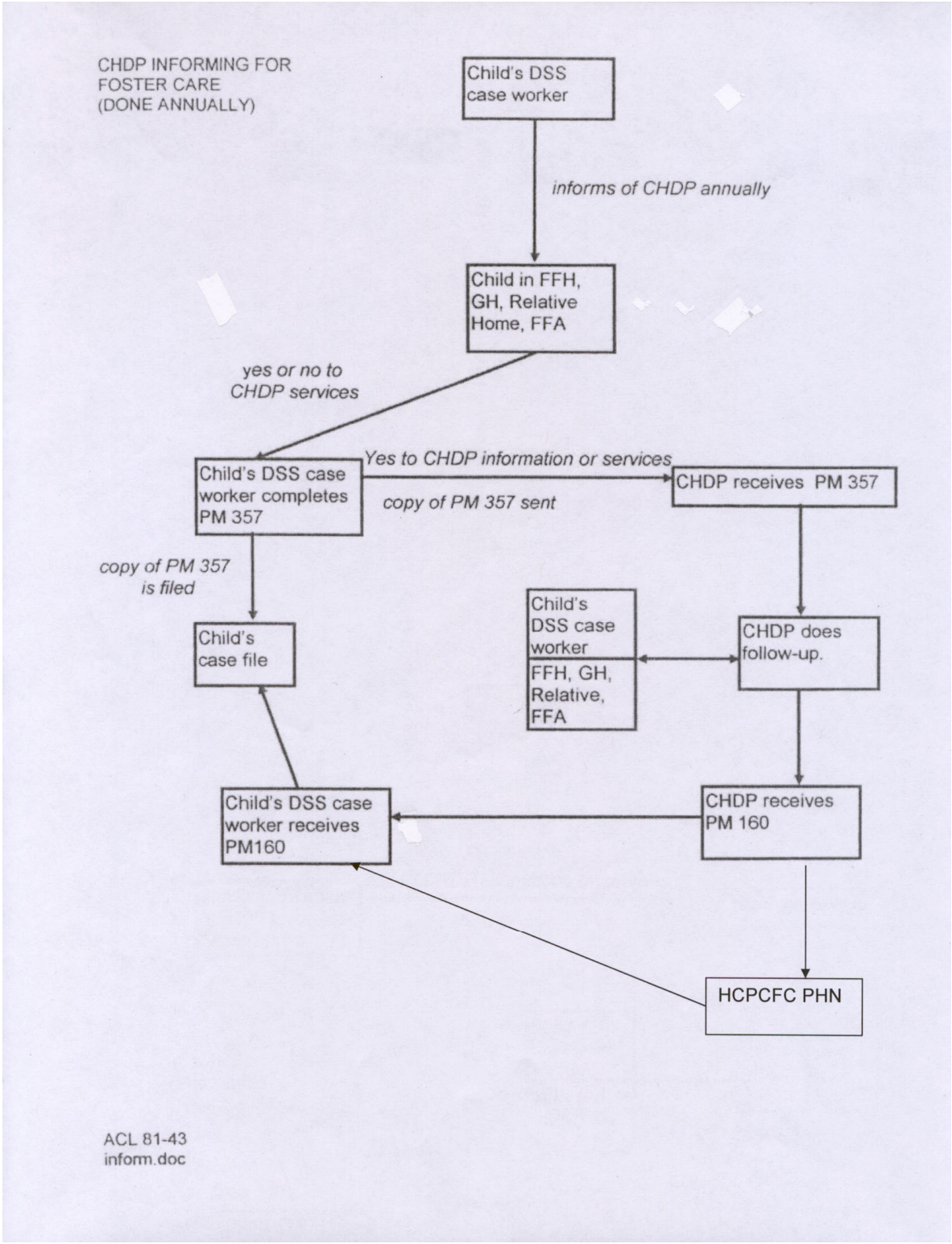
4. Updates to the Health Passport

- As discussed in section 16010. (e) On each required visit the child protective agency or its designee family foster agency shall inquire of the caretaker regarding medical updates. These updates shall be incorporated into the health passport as appropriate, but not later than the next court date or within 48 hours of placement change.

- Information about child's mental, physical, dental and education status are obtained from the biological parents or guardians based on court directive at the detention initial hearing as outlined in section 1610. (f).

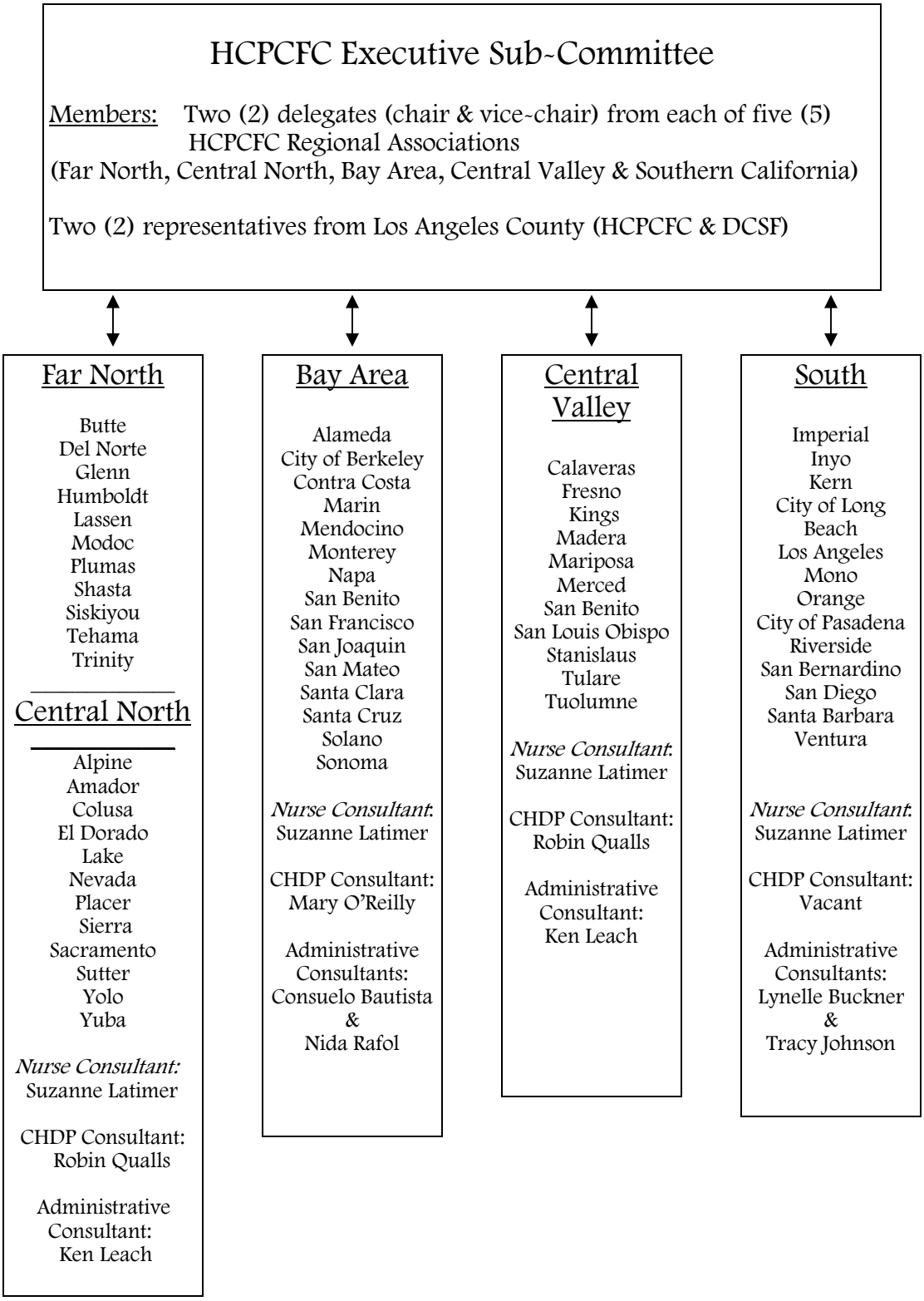
CHDP Informing for Foster Care (diagrams)




CHDP INFORMING FOR
FOSTER CARE
(DONE ANNUALLY)
Child's DSS case worker
informs of CHDP annually
Child in FFH, GH, Relative Home, FFA
yes or no to CHDP services
Child's DSS case worker completes PM 357
Yes to CHDP information or services
copy of PM 357 sent
CHDP receives PM 357
copy of PM 357 is filed
Child's case file
Child's DSS case worker
FFH, GH, Relative, FFA
CHDP does follow-up.
Child's DSS case worker receives PM160
CHDP receives PM 160
HCPCFC PHN
ACL 81-43
inform.doc

Foster Care PHN Regional Associations

The following diagram indicates the composition of the HCPCFC Executive Sub-Committee.



Health Education Passport (HEP) Training

New user training link:

http://www.hwcws.cahwnet.gov/Training/NU_curr.asp

SAN BERNARDINO COUNTY
REVISED CWS/CMS HEP INPUT INSTRUCTIOINS

(Please note these instructions were developed and are currently used by San Bernardino County for accessing and inputing data into the CWS/CMS HEP. These instructions may vary by county due to the data system used. Areas highlighted in yellow indicate decisions made by San Bernardino County to handle problems or provide local examples which may not be appropriate for every county).

I. Locate the child's case
   A. Search for the child
      1. Click on *Client Services* (Teddy Bear)
      2. Click on the *SEARCH* drop down menu
      3. Click *START SEARCH*
      4. Search type should be *Client*; if not select *Client*.
      5. Type in first name, last name, gender and if a common name, birth date in lower box. The birth date must be written in as 01/02/1994. The computer will provide the /.
      6. Click on "*OK*" button. (Be patient, you may need to wait up to a minute for the system to do the search. You may get a message that states "No Hits" which mean that the system couldn't locate the child you requested.
      7. Once search is completed-One or more names will show on the screen. Select the correct name from the list and double click on that line.
      8. Dialog box asking if you want to open the Abstract. Click on *Yes*.
      9. Once abstract is on screen, click on *ASSOCIATED* drop down menu.
      10. Click on OPEN *ASSOCIATED CASES*.
      11. Dialog box will have a list of the child's and sibling's cases. Be sure to highlight (by clicking on the line) the child's case which <u>doesn't</u> have an end date. Then click on *OK*.
   B. If you have the child CWS/CMS case number
      1. Click on *FILE* for drop down menu.
      2. Click on *FIND FOLDER*.
      3. Type in case number and click on *OK*.
      4. Dialog box asking if you want to see the case. Click on *Yes.*
II. Recording Providers and Routine exams.
   A. Clink on the Blue button (*Client Management Services*)
   B. Since we frequently get more than one report of an exam, open the well child page to see if the exam has already been recorded.
      1. Click Open Existing Health Notebook (Picture of syringe, red cross and

immunization card)

2. You will get a dialog box, click on child's name in Open this Client and then click on *OK*.
3. Click on the *Well Child* tab. If not present, click on the ➢ at the end of the page tab line to reveal the *Well Child* tab.
4. Check if exam has been recorded
   a) If yes, check if there is any additional information on the form you just received and add
   b) If no, continue

C. Check if the MD proving the service if listed on the service provider page
   1. Click Open Existing Client (Picture of person standing beside a family picture)
   2. You will get a dialog box, click on child's name in Open this Client and then click on OK.
   3. Click on the *Service Provider* tab. If not present, click on the ➢ at the end of the page tab line to reveal the *Service Provider* tab.
   4. Look for the Service Provider name.
      a) If provider name is present, go to *D* below.
      b) If provider name is not present, follow the directions below.
         (1) Click on the + in the Service Provider box at the top left of the page. This will bring up the dialog box.
            - If the providers name is present, click on name of the medical provider, Click on OK. (You can click on more than one name.)
            - If the providers name is not present
            - Click on the binoculars in the top left of the dialog box.
            - Enter the information requested and click on *OK*. If the dialog box clears, you will find the name on the list. Click on OK (If information is not complete and you have more information, you can click on the orange button, click on *Open Existing Service Provide* (picture of cornucopia*)*, you will get a dialog box, click on the provider that you want to complete, click on *OK*, make your addition or correction, click on the second X down in the upper right corner or use the Window drop down to return to the *Service Providers* page.)
            - If get dialog box, stating "No matches were found for search on <>." Try again with more or less information, if still not found, follow directions below to add to system.
              - Click on the Orange button. *Service Management Section*
              - Click on the + for *Create New Service Providers* (below picture of cornucopia.)
              - Click on the ⊻ for *Service Provider Category* for drop down list and select appropriate category.
              - Move about the page by clicking on the different lines or tabbing. Complete as much information as you have re: provider's name, title, agency, and phone number. (First

name is a mandatory field if you don't have Agency name so if you can't find the providers first name and don't have or know the Agency use Dr.) If you don't have the specific provider's name but know the agency such as SBCMC or St. Joseph fill in the Agency and the provider's name, first and last will no longer be mandatory. (Fields that are mandatory are yellow.)

- Click on the *Address* Page tab. Tab or click on Number and complete as much information as you have. Either click on the X in the second row or use the Window drop down to return to the Service Provider page.
- The name will appear with all the information about the provider. Click OK.

(2) *Start date* must be completed. Use the date of service. (If you don't know date of service, use today's date.)

(3) Complete *End Date* for all past providers. Click on the line to be edited. Recording an end date on any exiting service provider in the list will move them from Current to Past provider on the HEP. (If you don't know end date, use today's date.)

D. Click on the Orange button (*Services Management Section)*

E. Click on the + to open a *New Contact* Notebook (below picture of rolodex).

1. You will get a Dialog box, Click on child's name to highlight and then on *OK*. (If you have medical/dental reports on siblings you can click on more than one name.)
2. This will open the page and bring you to *Staff Person,* should have your name. If it doesn't you will need to do a search clicking on the square to the left of Staff Person.
3. Click on ⌄ at the end of *Start Date*. This will give you a Calendar, click on today's date. This will automatically fill the *End Date*. (Double click will allow you to type in the date)
4. Click in the box or on ⌄ at the end of *Contact Purpose* to get drop down list. Click on Consult with Service Provider.
5. Click in the box or on ⌄ at the end of the *Method* box to get drop down list and click again on choice. If you tab to the box, you can type the first letter as follows: e = E Mail, f = Fax,i = In-Person, t = Telephone, w = Written
6. Location is optional and usually not appropriate.
7. Click in the box or on ⌄ at the end of *Status*, click on Completed. If tab to box, you can type the letter c to get Completed.
8. Click on the + on the top left corner of the *Participants* box. Will get a Dialog box. Click on ⌄ for Participant Type to get drop down list and select Service Provider. The name of provider will be present, click on the name(s) of the provider(s) and click on the *OK* Bar.
9. Don't click on or tab over the *On Behalf of Child* box, if the child's name is there. If the child's name is not there, click on the +. You will get a Dialog box, click on the child's name to highlight and click on *OK*.

10. If desired, tab to or click anywhere in the narrative box. You will be able to type up to 4,000 characters. Information typed in this area doesn't go to the HEP.

F. Click on the Associated Services Tab to get the *Associated Services* page.
   1. Click on the + in the upper left hand corner of the *Associated Services* box.
   2. If you received your information via mail and you have a hard copy to send to the chart, click on box or words *Hard Copy on File*.
   3. Tab to or click on *Start Date*. Complete with date that services were provided. If you click on the ⌄, you will get the calendar that you can use if you want. (Double click will allow you to type in the date.)
   4. The End Date will automatically fill.
   5. Click in the box or on the ⌄ at the end of *Service Category,* click on Health/CHDP Services. If tab to the box, can type h to get Health/CHDP Services.
   6. Click in the box or on the ⌄ at the end of S*ervice Type,* click on your choice from the drop down list. (When recording annual exams use *HEP-CHDP Equivalent Physical Exam* or *HEP-CHDP Physical Exam* for physical exams and *HEP- Periodic Dental Exam* for the dental exams. For sick visits choose Medical Visit for the type and for dental care not an exam choose Dental visit.)
      a) If you choose *HEP-CHDP Equivalent Physical Exam*, *HEP-CHDP Physical Exam* or *HEP-Periodic Dental Exam* you will get a dialog box chose the child name and OK. (If you have chosen multiple children in the initial dialog box for the contact page (in step E.1.) choosing one name will clear the others from the *On Behalf of Child* box as well as place the child's name in *Service Recipient* box.)
      b) If you choose Medical or Dental visit,
         (1) Click on the + in the top left corner of the *Service Recipient* box. You will get a dialog box, click on child's name to highlight and then click on *OK*.
         (2) If you have chosen multiple children in initial dialog box for the contact page [in step E.1.] you will need to delete others from the *On Behalf of child* box.
         (3) Click on the dot or the words Service Provider.
   7. Click in box or on ⌄ on Provider Name and click on the provider's name.
   8. Tab past or don't click on *Other Participants*, you don't need this area.
   9. If you have chosen Medical or Dental visit, you place pertinent information in the narrative box and/or go to the Health Notebook and add information to Summary, Diagnosed Condition, Medication, Hospitalization, Medical Test, Referrals or Immunization pages as appropriate. See directions below.
   10. if you have chosen *HEP-CHDP Equivalent Physical Exam, HEP-CHDP Physical Exam* or *HEP-Periodic Dental Exam*, *Well Child Exam* Bar becomes active at this point

G. Click on the *Well Child Exam* bar, to get the Well Child Dialog box.

1. The age box will be calculated using the child's birth date and *Start Date* of the exam. If an estimated DOB was entered on the Client ID page, the EST. DOB indictor box will be checked.
2. Record Height using standards abbreviation: in for inches, cm for centimeters.
3. Record Height % if provided in the document received.
4. Record Weight using standard abbreviations: lbs for pounds, oz for ounces, gm for gram, kg for kilogram.
5. Record Weight % if provided in the document received.
6. Record Head Circumference using standard abbreviation. (At present, there is only space for 5 characters so record 15 ½ inches, as 15.5" and it will fit. You will need to round to the nearest tenth of an inch.)
7. Does this client have any Health Condition diagnosed by a certified medical professional?
   a) If you indicate that a health condition was diagnosed, then the following text will appear in red on the Associated Services page until it is saved to the date base "Please enter the child's health information in the Health notebook". (Message will remain until work is saved.)
   b) If the child has no known health condition, click the 'No" to the question. This will add "No Known Health Condition" row to the Diagnosed Condition page of the Health notebook.
   c) If the user selects "No" and pre-existing condition exist (a condition on the diagnosed page which has not been end dated), an error message is created to inform the user of the need to update data in the Health Notebook. (Message will remain until work is saved.)
8. You can record any comments and results of common tests such as Hgb, Hct, blood lead, etc. in either *Narrative* section of *Associated Services* page where you have 4000 characters or in the *Medical/Dental Referral* section in this dialog box where you have 254 characters. (Both areas are mapped to the same area on the HEP titled Comments/Outcomes/Referrals.) (The PPD and its results can be recorded like other well child immunizations or on the immunization page.)
9. Click on OK. (If you make an error, you can edit the information from the *Well Child* page in the health notebook.) (Complete the well child dialog box before you go to another page as you will not be able to activate the Well Child button once you have left the page.)

H. Click on Window to view open pages and click on child's name *Health*. (or you can click on Blue button, Heath Notebook, Child name in dialog box and OK.)

I. *Summary page* is displayed. Use if needed.
   1. If there is sensitive Health/Medical Information in the child's hard file, click on box or words *Sensitive Health and Medical Information is on file.* Click again to remove the X from the box if you made a mistake.
   2. If there are limitations put on substitute care provider's ability to make Health Decision, click on box or words.
   3. If the child has special health needs and has an Individual Health Care

Plan on file, click on box or words.

4. Click anywhere in summary box. Type a general statement concerning the child's health up to 4000 characters. (This would be the place for the health care plan.)
5. Click on any checkbox that applies if a child is *Currently Receiving Services from* one of the listed agencies.
6. If click on *Other*, enter name in box
7. Click on any checkbox that applies if a child has *Previously Received Services From* one of the listed agencies.
8. If clicked on *Other*, enter name in box.

J. Click on *Immunization tab* to get the *Immunization page* if you have immunizations to record.
   1. Click on the + in the Immunization box at the top left of the page to get the immunization dialog.
   2. Enter in *Start Date* the date that immunizations were given. If you click on the ⌄, you will get the calendar that you can use if you want.
   3. Tab or click on the *Source of information/Clinic/Physician* and enter the name of the clinic, physician, other person, or document who provided the immunization information. (If working from an Immunization record i.e. multiple dates, use the copy and paste function to fill in this box.)
   4. Select all *Immunization Types* that were given on this date. (TB test - Negative and TB test -Positive are now choices on the drop down list so PPD can be recorded on this page as long as you have the result.)
   5. Click on the *OK* button to return to the *Immunization* page.
   6. Repeat process starting with the + on the upper left hand corner of the *Immunization* box until all immunizations are recorded.

K. If a condition is identified, click on *Diagnosed Condition* Tab to get the *Diagnosed Condition* page.
   1. Click on the + in the *Diagnosed Condition* Box at the top left of the page.
   2. Click on the *Alert* box if the condition is of significant concern to warrant an Alert.
   3. Click on *Onset Date* line. Type in date that Diagnosis was made using the form of 01/03/96. You can single click on ⌄ and work with the calendar. The *Onset Date* is now mandatory.
   4. Click on or tab to the *End Date* box if the condition is completely resolved. If still a problem leave *End Date* blank. (Conditions with an end date will appear in the Past Health Problems section of the Health Passport. Condition without an end date will appear the Current Health Problem section of the Health Passport.)
   5. Click on or tab to *Next Scheduled Visit Date*, if known.
   6. Click on *Category* box, and use the drop down list or tab to the area and type p for Physical, b for behavioral or e for emotional.
   7. Click on *Health Problem* box or ⌄ to get the drop down list. Use the arrows to scroll or you can type the first letter and get the first condition on the list that starts with that letter. See complete drop down list in attachment A. If the child's condition is not on the list, use *Other Physical*

Health Condition or *Other Chronic Disorder Req Ongoing Treatment* and complete the *Health Problem Description* with the specific condition.

8. Answer *Communicable Disease* question and click on appropriate button
9. If the child has a diagnosed condition entered and has medication, hospitalization, medical tests and/or referrals made connected to that condition; the user can either select "unknown" or "No" indicator. You must add go to the appropriate page i.e. Medication, Hospitalization, Medical Tests or Referrals and input on those pages to get the button to go to "yes"
10. Click on or tab to *Name.* Type in name of practitioner or clinic where condition was diagnosed.
11. Click on or tab to *Phone*. Type in phone number of practitioner or clinic, if known.
12. Tab to or click anywhere in the *Health Problem Description* Box. Type in any additional information needed to clarify the condition up to 4000 characters.
13. Repeat process for other known conditions.
14. After the initial inputting and saving to the data base, at a later date you can return to a diagnosed condition by clicking on the line in the box at the top of the page, then you add additional information or if it is no longer a problem, tab or click on *End Date* and fill in the end date, the condition will move the data to *Past Health Problems*.

L. Click on the *Medication* tab to get the *Medications* page if child is started on any long-term medication. (If a child is started on a short term medication such as 10 days of antibiotics, a cream for a diaper rash, etc. record on *Well Child* page in the *Medical Referral* section or on *Associated Service*s page in the *Narrative* .section.)

1. Click on the + in the left-hand corner of the medication box to get the *Select Client Condition* dialog box.
2. Click on the *Client Condition* to which this Medication shall apply.
3. Click on *OK* to get back to the *Medications* page.
4. Click on the *Alert* box if the Medication is of such significance that this is necessary.
5. Tab to or click on the *Prescribed Medication* field and enter the name of the Medication, dosage and frequency.
6. Tab to or click on the *Prescribed By* field and enter the name of the Physician.
7. Tab to or click on the *Start Date* field and enter date the Medication started.
8. Tab to or click on the *Projected End Date* field and enter date if that date is known.
9. Tab to or click on *Psychotropic Indicator – Parental Consent* field and enter the date of consent if this field is applicable. (Court has given parent the right to consent.)
10. Tab to or click on *Psychotropic Indicator – Court Ordered Date* field and enter the date of the order if this field is applicable.

11. Tab to or click on *Comment/Instructions* field and enter any information relevant to the medication, including dosage and frequency.
12. Update *Medications* by clicking on the medication to be edited and make information changes as necessary.
13. Enter *End Date* when this medication is no longer being prescribed.

III. How to open Health and Education Passport, refresh and print.

A. Click on Blue *Client Management* Section Button
B. Click on *Open Existing Document – Client* (Picture of person holding document)
C. Dialog box-If the Health and Education Passport is listed, click on *Remove*. If the Health and Education Passport is not listed, click on *New* and follow direction starting at F. **(It is important to remove the previously created Health and Education Passport or the one you print will not have the information added since it was created.)**
D. Dialog box –"If remove this row, you can not replace it with the undo command, Proceed?" Click on *Yes.*
E. Click on *New*
F. Dialog box -If Health and Education Passport is highlighted, Click on *OK*.
G. Dialog box – If child's name is highlighted, click on *OK*.
H. Dialog box – select *All* for *Well child Exams*, select *All* for *Past Health Issues*, select *All* for *Past Health Service Providers*, select *All* for *Previous Schools*, and click on *OK*.
I. Click on Print.
J. Save to data base.

SAN BERNARDINO COUNTY
REVISED COURT HEALTH HISTORIES INPUT

Please note these instructions are used by San Bernardino County. These instructions may vary by county due to the data system used. (Areas highlighted in yellow indicate decisions made by San Bernardino County to handle problems or provide local examples which may not be appropriate for every county.)

I. Open the child case
   A. Search for name, double click on name, click on Yes to Open Abstract, and click on Case tab. Write down case number for all siblings, Click on *Associated* on tool bar and then click on *Associated Cases* or
   B. Click on *File*, click on *Find folder*, insert case number, click on *OK*
II. Click the orange button (*Service Management Section*).
   A. Click on the + for *Create new Contact* (Below the picture of Rolodex)
      1. "On Behalf of child" dialog box- Click on names of all children present in box that you have a completed interview tool and then click on *OK* bar.
      2. *Staff Person* should have your name showing
      3. *Start date* is date of interview
      4. *End date* will automatically fill – do not remove.
      5. *Contact purpose*. Click on ⌄ and select Deliver service to client.
      6. *Method*. Click on ⌄ and select In person
      7. *Location*. Click on ⌄ and select Court
      8. *Status*. Click on ⌄ and select Completed
      9. *Participant*. Click on + for Dialog box; select name of person interviewed from list.
         a) If a parent or child, name should be present. Select name and then OK.
         b) If not parent or child, click on ⌄ and look at other categories. Select appropriate category, then select name, then *OK*.
      10. *On behalf of child* should already be filled
      11. *Contact Party Type* will automatically fill
      12. *Narrative* –type in "Health History Interview with (name of person(s) interviewed)"
III. Click on Blue button (*Client Management Section*)
   (You need to remember that though you have been putting information in all the cases, you now need to work only in the case you originally opened. However when you open up the sibling cases, you will be able to skip instructions II.)
   A. Click *Open Existing Client* (Picture of person standing beside a family picture)
      1. You will get a dialog box, click on child's name *in Open this Client* and then click on *OK*.
      2. Click on the *Service Provider* tab. If not present, click on the ➢ at the end of the page tab line to reveal the *Service Provider* tab.
      3. Look to see if the Service Provider is present. If yes, go to Health Notebook. (This will only happen if the child had a previous HEP) If provider's name is not present, follow the directions below.

4. Click on the + in the Service Provider box at the top left of the page. This will bring up the dialog box.
5. If the child has never had a HEP, the box will be empty. Click on the Search Square in the upper right corner, which takes you to a search dialog box for service providers.
6. Enter in the information requested and click on *OK.*
7. If the dialog box clears, you will find the name(s) in grid in the dialog box. Click on the correct name.
8. If you get a dialog box, stating "No matches were found for search on <>." Click on *OK* and follow direction below for Create New Service Providers.
9. Click on the + for *Create New Service Providers* (below the picture of the cornucopia.)
   a) Click on the ⌄ for *Service Provider Category* for drop down list and select appropriate category.
   b) Move about the page by clicking on the different lines or tabbing. Complete as much information as you have regarding provider's name, title, agency, and phone number. First name is a mandatory field if you don't have Agency name so if you can't find the providers first name and don't have or know the Agency use Dr. If you don't have the specific provider's but know the agency such as SBCMC or St. Joseph fill in the Agency and the provider's name will no longer be mandatory. Fields that are mandatory are yellow.
   c) Click on the *Address* Page tab. Tab or click on Number and complete as much information as you have.
   d) Click on the X in the second row to return to the *Health Service Providers* page.
   e) Click on + and you will get the dialog box and the name you just created will be present. Click on the name.
10. *Start date* must be completed. Use the date of service. (If don't know date of service, use today's date.)
11. Complete *End Date* for all past providers. Click on the line to be edited. Recording an end date on any exiting service provider in the list will move them from Current to Past provider on the HEP. (If don't know when service ended, use today's date for the end date for all past providers.)
12. Repeat process for each provider.

B. Input of School information
   1. Perform a Search for the Education provider
      a) Click on Search
      b) Click on Start Search
      c) Click on the ⌄, Select *Education Provider*
      d) Enter the information requested (Use name as listed in the San Bernardino County Directory of Public Schools book or just the zip code for the school)
      e) You will have a list of schools, check that the school that you want is listed.

(1) If the school you want is listed, minimize or close the search screen.
(2) If the school can not be found in the search process, you will need to call or email Cathy Sellers for assistance.

f) Close or minimize the Search by clicking on the _ or x in the upper right corner.

2. Click on + for *Create new Education* (Below the picture of the apple and the book)
   a) Dialog box. All the school found in searches will be listed. Be sure to highlight correct school. Click *OK.*
   b) Fill in *start date* with date or use 09/01/2006 for traditional school
3. Click on the Grade Level Information tab.
   a) Click on the ⮟ for Grade and chose the present grade
   b) Complete start date. (If don't have exact date use 09/01/06 for traditional schedule.)
   c) If child has an IEP and interviewee know date or month & year of last IEP meeting.
      (1) Scroll down to *Education Record, click on the + to activate*.
      (2) Fill in *Start Date* with date reported by interviewee.
      (3) Click on ⮟ for Information Type. Select IEP.
      (4) Fill in Education Record Comment with "per history from parent"

C. Click *Open existing Health Notebook*.
   1. You will get a dialog box, click on the child's name to highlight, click on *OK*.
   2. *Summary page* is displayed. Use if needed.
      a) If there is sensitive Health/Medical Information in the child's hard file, click on box or words *Sensitive Health and Medical Information is on file.* Click again to remove the X from the box if you made a mistake.
      b) If there are limitation put on substitute care provider's ability to make Health Decision, click on box or words.
      c) If the child has special health needs and has an Individual Health Care Plan on file, click on box or words.
      d) Click anywhere in summary box. Type a general statements concerning the child's health up to 4000 characters. (This would be the place for the health care plan. Can also add important information for SCP such as number for Poison Emergency Center 1 800 222-1222)
      e) Click on any checkbox that applies if a child is *Currently Receiving Services from* one of the listed agencies.
      f) If click on *Other*, enter name in box
      g) Click on any checkbox that applies if a child has *Previously Received Services From* one of the listed agencies.
      h) If clicked on *Other*, enter name in box.
   3. Click on *Diagnosed Condition* tab if have any conditions.
      a) Click on +.
         (1) If an ongoing condition

(a) Must have an onset date. See direction below how to handle if exact date is unknown.
(b) Leave end date blank so condition will go to Current Health Condition on Passport.

(2) If a past condition, must fill start and end date.
(a) If know dates, use.
(b) If know month and year, use 01 for day for start and 30 for day for end. (Example: If know month is March and year is 1989 then use 03/01/1989 for start date and 03/30/1989 for end date.
(c) If know only year, use 01/01 for start and 01/30 for end date.
(d) If don't know date, use today's date for both. (Asking child's age at time of condition at least give you the year.)

b) *Category.* Click on select appropriate category. All three categories will now go to the HEP.

c) *Type*. Click on select from list if present or use *Other Physical Health Condition*. Typing the first letter of the conditions common name will help you search the list faster. (The system now defaults to *None known* if no allergies are inputted. To input into the allergy area, choose Allergy as the Health Condition and type the specifics about the allergy in the Description box.) (To activate the Developmental/Functional Limitations boxes, you must choose the specific condition in this area.)
(1) If the child has no know health condition; choose "No Known Health Condition" to indicate that the question was asked. Using the date of the interview as the start date.
(2) If the child is later diagnosed with a health condition, end date "No known Health condition".
(3) If the child has "No Known Health Condition" and the referral is closed, that "No Known Health Condition" row will be end-dated. It the child comes into the system again at a later date and still has no know health condition, you will need to remove the end date or add again. This is insures that the question is asked each time the child has an open case.

d) *Diagnosed by*. Name must be filled with name if you have it or "by history from parent" if you don't.

e) *Communicable Disease* Click on yes, if condition is communicable and no if not or leave it at unknown if you don't know.

f) Type into *Description*, the condition if used *Other* or *Allergy* and any thing else that it pertinent. You have 4000 spaces.

g) If the child has a diagnosed condition entered and has medication, hospitalization, medical tests and/or referrals made connected to that condition, the user can either select "unknown" or "No" indicator. You must add go to the appropriate page i.e. Medication, Hospitalization, Medical Tests or Referrals and input on those pages to get the button to go to "yes"

h) Repeat process for each condition starting at (a).

4. Click on *Observed Condition*, if parent report a condition that they observed and has not been diagnosed.
   a) Enter data as you did for *Diagnosed Condition*.
   b) Information from *Observed Condition* will go to the HEP if the alert box is checked.
5. Click on *Immunization* tab if have any immunization information.
   a) Click on the + in the Immunization box at the top left of the page to get the immunization dialog.
   b) Enter in *Start Date* the date that immunizations were given. If you click on the ⌄, you will get the calendar that you can use if you want.
   c) Tab or click on the *Source of information/Clinic/Physician* and enter the name of the clinic, physician, other person, or document who provided the immunization information. (If working from an Immunization record with more than one date, use the copy and paste function to fill in this box.)
   d) Select all *Immunization Types* that were given on this date. PPD can now be recorded on this page by choosing TB test - Negative or TB test - Positive depending on the results of the test. If the test results are not reported do not report.
   e) Click on the *OK* button to return to the *Immunization* page.
   f) Repeat process starting with the + on the upper left hand corner of the *Immunization* box until all immunizations are recorded.
6. Click on the *Medication* tab to get the *Medications* Page if child is taking or has taken any long-term medication for specific conditions.
   a) Click on the + in the left-hand corner of the medication box to get the *Select Client Condition* dialog box.
   b) Click on the *Client Condition* for which this Medication treat.
   c) Click on *OK* to get back to the *Medications* page.
   d) Click on the *Alert* box if the Medication is of such significance that this is necessary.
   e) Tab to or click on the *Prescribed Medication* field and enter the name of the Medication, dosage and frequency.
   f) Tab to or click on the *Prescribed By* field and enter the name of the Physician.
   g) Tab to or click on the *Start Date* field and enter date the Medication started.
   h) Tab to or click on the *Projected End Date* field and enter date if that date is known.
   i) Tab to or click on *Psychotropic Indicator – Parental Consent* field and enter the date of parent's consent for the psychotropic medication. (Court has given parent the right to consent.)
   j) Tab to or click on *Psychotropic Indicator – Court Ordered Date* field and enter the date of the order for the psychotropic medication.
   k) Tab to or click on *Comment/Instructions* field and enter any information relevant to the Medication, including dosage and frequency.
   l) Update *Medications* by clicking on the Medication to be edited and

make information changes as necessary.

m) Enter *End Date* when this Medication is no longer being prescribed

7. Click on *Hospitalization* tab.
   a) Click on the + in the *Hospitalizations* grid to reach the *Select Client Condition* Dialog box.
   b) Click on the *Client Condition* to which this Hospitalization shall apply. (If the hospitalization was to rule out an condition, Use *Unknown Condition Needing Diagnosis* on the *Diagnosed Condition* page.
   c) Click on OK to return to the *Hospitalizations* Page.
   d) Tab to or click on the *Admit Date* field and enter the date the Hospitalization started. This is a mandatory field; refer to III. D. 3. a) (2) if you don't have the exact date.
   e) Enter as much of the data as you have.
8. Click on *Birth History* tab.
   a) Tab to *Birth Place/Hospital Name* field; enter the *facility* where child was born.
   b) Click on *Birth City* field and enter *City* where the child was born
   c) Click on *Birth County* field and enter County where the child was born.
   d) Click on *Birth State* field and enter State where the child was born.
   e) Click on or tab to the *Weight* field, *Length* fields and *Head Circumference* field and enter measurements. (Length and Head Circumference only have space for 4 characters at the present time. So you need to be creative 19in or 32cm will fit. You will need to round the figure until the number of characters allowed has been increased.)
   f) Click or tab to *Apgar* but you can only put in 2 character. Luckily parents rarely know them anyway. If you get them, use the 5-minute apgar, since you can only put in one.
   g) Tab to the *Toxicology Screening* section and select and appropriate Toxicology Test button.
   h) If Positive toxicology results have been found, click the + in the top left hand corner of the *Pos Tox Results* field and select all Toxicology Results that were positive.
   i) Tab to the *Newborn Screening Results* field and enter the result if known.
   j) Click on the *Prenatal/Perinatal Comments* text field and enter any relevant information.
   k) Tab or Click to *Maternal Significant Health Problems* field and enter any relevant information about the mother and her family.
   l) Tab or Click to *Paternal Significant Health Problems* field and enter any relevant information about the father and his family.

D. Printing the Health and Education Passport
   1. If this is a new case i.e. nothing in any of the notebooks, Click on Create New *Document – Client* (+ sign below picture with person holding document)
   2. Dialog box-If Health and Education Passport is highlight, click on *OK*. If Health and Education Passport is not highlighted, click on it, to highlight

and then click *OK*.

3. Dialog box – If child's name is highlighted, click on *OK*.
4. Dialog box – select *All* for *Well child Exams*, select *All* for *Past Health Issues*, select *All* for *Past Health Service Providers*, select *All* for *Previous Schools*, and click on *OK*.
5. Click on Print. Send or give to Sub Care Provider.
6. If this is an returning child and an HEP has been created in the past, you will need to remove the previous HEP before you can create a new one.

IV. Click on the Red button (*Placement Management Section*)

A. Click *Open Existing Placement* Notebook
B. You will get a dialog box, if the child name and the placement without an end date are highlighted, click *OK.*
C. You will be on the ID page. Scroll down to *Date SCP Given HEP and informed of Purpose*. Complete with date that HEP is given or mailed to Sub Care Provider.

CONFIDENTIALITY ISSUES

There are certain health conditions that the Substitute Care Provider doesn't need to know about, but the child's medical provider does need to know. For this reason we will use *Other Physical Condition* in *Type* and using ICD 9 codes in the *Description* area on the *Diagnosed Condition* page. If the Substitute Care Provider needs to know, it will be the Social Worker who gives them the information. The following are conditions that need to be confidential and their respective ICD-9 codes to use:

Condition	**ICD-9 Code**
AIDS	042.9
Congenital syphilis	090
Early syphilis, symptomatic	091
Gonococcal Infection	098
Human Immunodeficiency Virus (HIV)	044.9
Illegally induced abortion	636
Legally induced abortion	635
Other Venereal Disease	099
Chancroid	099.0
Lymphogranuloma venereum	099.1
Granuloma inguinale	099.2
Reiter's disease	099.3
Other nongoococcal urethritis	099.4
Chlamydia trachomatis	099.41
Other Venereal disease due to Chlamydia trachomatis	099.5
Other specified veneral diseases	099.8
Venereal disease, unspecified	099.9
Pregnancy (Multiple gestation)	651
Pregnancy (single uterine without sickness)	V22.2
Pregnancy (ectopic)	633
Rape	E960.1
Spontaneous abortion	634

4/25/06

Pscyhotropic Medication Regulations

The following is a selected section of California law relating to pscyhotropic medication. This section has been extracted from California's Welfare and Institutions Code.

Welfare and Institutions Codes 369.5

http://www.leginfo.ca.gov/calaw.html

369.5. (a) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. On or before July 1, 2000, the Judicial Council shall adopt rules of court and develop appropriate forms for implementation of this section.

(b) (1) In counties in which the county child welfare agency completes the request for authorization for the administration of psychotropic medication, the agency is encouraged to complete the request within three business days of receipt from the physician of the information necessary to fully complete the request.

(2) Nothing in this subdivision is intended to change current local practice or local court rules with respect to the preparation and submission of requests for authorization for the administration of psychotropic medication.

(c) Within seven court days from receipt by the court of a completed request, the juvenile court judicial officer shall either approve or deny in writing a request for authorization for the administration of psychotropic medication to the child, or shall, upon a request by the parent, the legal guardian, or the child's attorney, or upon its own motion, set the matter for hearing.

(d) Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(e) Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.

JV220; JV220A (see Forms, Section 4)

Special Health Care Needs

The following are selected sections of California laws relating to special health care needs. These sections have been extracted from California's Welfare and Institutions Code.

Welfare and Institutions Codes 17710

17710. Unless otherwise specified in this part:

(a) "Child with special health care needs" means a child, or a person who is 22 years of age or younger who is completing a publicly funded education program, who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care, and who either has been adjudged a dependent of the court pursuant to Section 300, has not been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has a developmental disability and is receiving services and case management from a regional center.

(b) "County" means the county welfare department.

(c) "Department" means the State Department of Social Services.

(d) "Individualized health care plan team" means those individuals who develop a health care plan for a child with special health care needs in a specialized foster care home, as defined in subdivision (i) or group home, which shall include the child's primary care physician or other health care professional designated by the physician, any involved medical team, and the county social worker or regional center worker, and any health care professional designated to monitor the child's individualized health care plan pursuant to paragraph (8) of subdivision (c) of Section 17731, including, if the child is in a certified home, the registered nurse employed by or under contract with the certifying agency to supervise and monitor the child. The child's individualized health care plan team may also include, but shall not be limited to, a public health nurse, representatives from the California Children's Services Program or the Child Health and Disability Prevention Program, regional centers, the county mental health department and where reunification is the goal, the parent or parents, if available. In addition, where the child is in a specialized foster care home, the individualized health care plan team may include the prospective specialized foster parents, who shall not participate in any team decision pursuant to paragraph (6) of subdivision (c) of Section 17731 or pursuant to paragraph (3) of subdivision (a), or subparagraph (A) of paragraph (2) of subdivision (b) of Section 17732.

(e) "Director" means the Director of Social Services.

(f) "Level of care" means a description of the specialized in-home health care to be provided to a child with special health care needs by the foster family.

(g) Medical conditions requiring specialized in-home health care require dependency upon one or more of the following: enteral feeding tube, total parenteral feeding, a cardiorespiratory monitor, intravenous therapy, a ventilator, oxygen

support, urinary catheterization, renal dialysis, ministrations imposed by tracheostomy, colostomy, ileostomy, or other medical or surgical procedures or special medication regimens, including injection, and intravenous medication.

(h) "Specialized in-home health care" includes, but is not limited to, those services identified by the child's primary physician as appropriately administered in the home by any one of the following:

(1) A parent trained by health care professionals where the child is being placed in, or is currently in, a specialized foster care home.

(2) Group home staff trained by health care professionals pursuant to the discharge plan of the facility releasing the child where the child was placed in the home as of November 1, 1993, and who is currently in the home.

(3) A health care professional, where the child is placed in a group home after November 1, 1993. The health care services provided pursuant to this paragraph shall not be reimbursable costs for the purpose of determining the group home rate under Section 11462.

(i) "Specialized foster care home" means any of the following foster homes where the foster parents reside in the home and have been trained to provide specialized in-home health care to foster children:

(1) Licensed foster family homes, as defined in paragraph (5) of subdivision (a) of Section 1502 of the Health and Safety Code.

(2) Licensed small family homes, as defined in paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code.

(3) Certified family homes, as defined in subdivision (d) of Section 1506 of the Health and Safety Code, that have accepted placement of a child with special health care needs who is under the supervision and monitoring of a registered nurse employed by, or on contract with, the certifying agency, and who is either of the following:

(A) A dependent of the court under Section 300.

(B) Developmentally disabled and receiving services and case management from a regional center.

Welfare and Institutions Codes 17720

17720. The Health and Welfare Agency shall designate a department to coordinate sources of funding and services not under the jurisdiction of the department which are available to children with special health care needs in order to maximize the health and social services provided to these children and avoid duplication of programs and funding.

Welfare and Institutions Codes 17730-17738

17730. The department shall develop a program to establish specialized foster care homes for children with special health care needs with persons specified in subdivision (h) of Section 17710. The department shall limit the use of group homes for children with special health care needs pursuant to subdivisions (d) and (e) of Section 17732. The program shall conform to the requirements set forth in this chapter, and shall be integrated with the foster care and child welfare services

programs authorized by Article 5 (commencing with Section 11400) of Chapter 2 of Part 3 and Chapter 5 (commencing with Section 16500) of Part 4.

The department, in administering the licensing program, shall not evaluate or have any responsibility for the evaluation of the in-home health care provided in specialized foster care homes or group homes.

This program shall be conducted by county welfare departments in conformance with procedures established by the department in accordance with this chapter.

17731. (a) The county shall develop a plan to place children with special health care needs in foster care. This plan shall be submitted to the State Department of Social Services and the State Department of Health Services, not later than April 1, 1990, before beginning placement of children with special health care needs in specialized foster care homes. This subdivision shall not invalidate any placement made before April 1, 1990. A county that has not submitted a plan by April 1, 1990, shall not continue to make placements of children with special health care needs until the plan has been submitted.

(b) Unless a local lead agency has been designated within the county, as described in Item 4260-113-890 of the Budget Act of 1989, the county department of social services shall be the lead agency with the responsibility of developing the plan to be submitted pursuant to subdivision (a). The county plan shall be formalized in an interagency agreement between the county department of social services and the other county and private agencies that are the involved parties.

(c) The county plan shall meet all the requirements specified in this subdivision. The regional center shall not be required to submit a plan. However, all requirements specified in this subdivision shall be met prior to a regional center placement of a child who is not a court dependent and who has special health care needs.

(1) Prior to the placement of a child with special health care needs, an individualized health care plan, which may be the hospital discharge plan, shall be prepared for the child and, if necessary, in-home health support services shall be arranged. The individualized health care plan team shall be convened by the county department of social services caseworker or the regional center caseworker, to discuss the specific responsibilities of the person or persons specified in subdivision (h) of Section 17710 for provision of in-home health care in accordance with the individualized health care plan developed by the child's physician or his or her designee. The plan may also include the identification of any available and funded medical services that are to be provided to the child in the home, including, but not limited to, assistance from registered nurses, licensed vocational nurses, public health nurses, physical therapists, and respite care workers. The individualized health care plan team shall delineate in the individualized health care plan the coordination of health and related services for the child and the appropriate number of hours needed to be provided by any health care professional designated to monitor the child's individualized health care plan pursuant to paragraph (8), including, if the child is in a certified home, the registered nurse employed by or on contract with the certifying agency to supervise and monitor the child.

(2) A child welfare services case plan or regional center individual program plan shall be developed in accordance with
applicable regulations, and arrangements made for nonmedical support services.

(3) Foster parents shall be trained by health care professionals pursuant to the discharge plan of the facility releasing the child being placed in, or currently in, foster care. Additional training shall be provided as needed during the placement of the child and to the child's biological parent or parents when the child is being reunified with his or her family.

(4) Children with special health care needs shall be placed in the home of the prospective foster parent subsequent to training by a health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care.

(5) Assistant caregivers, on-call assistants, respite care workers, and other personnel caring for children with special health care needs shall complete training or additional training by a health care professional in accordance with paragraph (3).

(6) No foster parent who is a health care professional or staff member who is a health care professional shall be required to complete any training or additional training determined by the responsible individualized health care plan team to be unnecessary on the basis of his or her professional qualification and expertise.

(7) No health care professional shall provide in-home health care to any child with special health care needs placed in a group home after November 1, 1993, unless the individual health care plan team for the child:

(A) Documents that the health care professional has the necessary qualifications and expertise to meet the child's in-home health care needs.

(B) Updates the documentation provided pursuant to subparagraph (A) each time the child's special health care needs change.

(8) Specialized foster care homes and group homes caring for children with special health care needs shall be monitored by the county or regional center according to applicable regulations. The health care plan for each child with special health care needs shall designate which health care professional shall monitor the child's ongoing health care, including in-home health care provided by persons specified in subdivision (h) of Section 17710. Where the
child is placed in a certified home, the designated health care professional shall be the registered nurse employed by or on contract with the foster family agency to supervise and monitor the child.

(9) The workload of the health care professional supervising or monitoring a child's ongoing health care in a certified home shall be based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional. In no case shall the health care professional's regular workload based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional be more than 40 hours per week.

(10) The child's individualized health care plan shall be reassessed at least every six months during the time the child is
placed in the specialized foster care home, to ensure that specialized care payments are appropriate to meet the child's health care needs.

(11) The placement agencies shall coordinate the sources of funding and services available to children with special health care needs in order to maximize the social services provided to these children and to avoid duplication of programs and funding.

17732. No more than two foster care children shall reside in a specialized foster care home with the following exceptions:

(a) A specialized foster care home may have a third child with or without special health care needs placed in that home provided that the licensed capacity, as determined by the department pursuant to paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code is not exceeded and provided that all of the following conditions have been met:

(1) The child's placement worker has determined and documented that no other placement is available.

(2) For each child in placement and the child to be placed, the child's placement worker has determined that his or her psychological and social needs will be met by placement in the home and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

(3) The individualized health care plan team responsible for the ongoing care of each child with special health care needs involved has determined that the two-child limit may be exceeded without jeopardizing the health and safety of that child, and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

(b) A licensed small family home, but not a certified home, may exceed the placement limit specified in subdivision (a) and accept children with or without special health care needs up to the licensed capacity as determined by the department pursuant to paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code if the conditions in subdivision (a) have been met for both the third child and each child placed thereafter, and the following additional conditions have been met:

(1) At least one of the children in the facility is a regional center client monitored in accordance with Section 56001 and
following of Title 17 of the California Code of Regulations.

(2) Whenever four or more foster care children are physically present in the facility, the licensee of the small family home has the assistance of a caregiver to provide specialized in-home health care to the children except that:

(A) Night assistance shall not be required for those hours that the individualized health care plan team for each child with special health care needs has documented that the child will not require specialized medical services during that time.

(B) The department may determine that additional assistance is required to provide appropriate care and supervision for all children in placement. The determination shall only be made after consultation with the appropriate regional center and any appropriate individual health care teams.

(3) On-call assistance is available at all times to respond in case of an emergency. The on-call assistant shall meet the

requirements of paragraph (5) of subdivision (c) of Section 17731.

(4) The home is sufficient in size to accommodate the needs of all children in the home.

(c) Notwithstanding Section 1523 of the Health and Safety Code, a foster family home which has more than three children with special health care needs in its care as of January 1, 1992, and which applies for licensure as a small family home in order to continue to provide care for those children, shall be exempt from the application fee.

(d) Except for children with special health care needs placed in group homes before January 1, 1992, no child with special health care needs may be placed in any group home or combination of group homes for longer than a short-term placement of 120 calendar days. The short-term placement in the group home shall be on an emergency basis
for the purpose of arranging a subsequent placement in a less restrictive setting, such as with the child's natural parents or relatives, with a foster parent or foster family agency, or with another appropriate person or facility. The 120-day limitation shall not be extended, except by the approval of the director or his or her designee. For children placed after January 1, 1992, the 120-day limitation shall begin on the effective date of the amendments to this section made during the 1993 portion of the 1993-94 Regular Session.

(e) A child with special health care needs shall not be placed in a group home unless the child's placement worker has determined and documented that the group home has a program that meets the specific needs of the child being placed and there is a commonalty of needs with the other children in the group home.

17732.1. (a) It is the intent of the Legislature that minor children who are residing in specialized foster care home placements on or after January 1, 1997, be allowed to remain in those homes upon reaching majority, through 22 years of age, in order to ensure continuity of care during completion of publicly funded education.

(b) A child with special health care needs may remain in a licensed foster family home or licensed small family home that is operating as a specialized foster care home pursuant to subdivision (i) of Section 17710 after the age of 18 years, if all of the following requirements are met:

(1) The child was a resident in the home prior to the age of 18.

(2) A determination regarding whether the child may remain as a resident after the age of 18 years is made through the agreement of all parties involved, including the resident, the foster parent, the social worker, the resident's regional center case manager, and the resident's parent, legal guardian, or conservator, as appropriate. This determination shall include a needs and service plan that contains an assessment of the child's needs and of continued compatibility with the other children in placement. The needs and service plan shall be completed within the six months prior to the child's 18th birthday and shall be updated with any significant change and whenever there is a change in household composition. The assessment shall be documented and maintained in the child's file, and shall be made available for inspection by the licensing staff.

(3) The regional center monitors and supervises its placements, as part of its regular and ongoing services to clients, to ensure the continued health and safety, appropriate placement, and compatibility of the developmentally disabled adult with special health care needs.

(4) The department notifies the foster care applicant, as part of its orientation process, that the state Foster Family Home and Small Family Home Insurance Fund does not expand existing coverage in Article 2.5 (commencing with Section 1527) of Chapter 3 of Division 2 of the Health and Safety Code for liability resulting from the provision of care to individuals over the age of 18 years.

17733. All documentation prepared by the county concerning the identification of a dependent child as a child with special health care needs, the placement of such a child in a specialized foster care home, assessments and reassessments of the level of care designation, the decision to place more than two children with special health care needs in a home, and contact among the health care team plan members who are monitoring the individualized health care plan of the child, shall be made part of the child's case record. Reports of training provided by the health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care shall also be included in the case record.

17734. Each county shall report to the department on a regular basis on the conduct and effectiveness of the program provided for in this chapter. These reports shall be submitted in conformance with instructions provided by the department. These reports shall include, but not be limited to, all of the following data:

(a) An estimate of the number of children adjudicated dependents of the juvenile court under Section 300 who have special health care needs during the reporting period.

(b) The number of children with special health care needs in (1) hospitals or other institutional placements, (2) group homes, and (3) small family homes at the beginning of the reporting period.

(c) The number of children with special health care needs in specialized foster care homes.

(d) The number of children with special health care needs placed in specialized foster care homes during the reporting period.

(e) The cost of providing specialized placements for children with special health care needs during the reporting period.

17735. Commencing in 1991, a progress report on the program provided for in this chapter shall be included in the child welfare services report to the Legislature required by Section 16512. The department shall not evaluate or have any responsibility for the evaluation of the in-home health care provided in specialized foster care homes.

17736. Notwithstanding any other provision of law, including Sections 1250, 1251, 1254, 1270, 1501, 1502, 1505, 1507, 1521, 1530.6 (as added by Chapter 391 of the Statutes of 1977), 1550, 11002, and 11154 of the Health and Safety Code, and

Sections 2052, 2725, 2732, and 2795 of the Business and Professions Code, all of the following
shall apply:

(a) (1) Counties and regional centers shall be permitted to place children with special health care needs in foster family homes, small family homes, and group homes pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code.

(2) Foster family agencies shall be permitted to place children with special health care needs in certified homes pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code.

(b) Counties, regional centers, and foster family agencies shall permit all of the following:

(1) A foster parent, an assistant caregiver, an on-call assistant, and a respite caregiver meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a specialized foster care home, specialized in-home health care to a foster child, as described in the child's individualized health care plan.

(2) The licensee and other personnel meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a group home, specialized in-home health care to a child, as described in his or her individualized health care plan, provided that the child was placed as of November 1, 1993.

17737. Nothing in this chapter shall be construed to prevent children with special health care needs who have adoption as a case plan goal from receiving services under this program.

17738. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall adopt emergency regulations to implement the program provided for in this chapter. The emergency regulations shall remain in effect for no more than 120 days, unless the department complies with all the provisions of Chapter 3.5 (commencing with Section 11340) as required by subdivision (e) of Section 11346.1 of the Government Code.

Juvenile Dependency Flowchart

The following link shows the juvenile dependency process and was prepared by the Fresno County Superior Court, Juvenile Dependency Division.

http://www.fresnosuperiorcourt.org/_pdfs/Dependency%20Process.pdf

PM 160 Immunizations Codes

The following link provides the health assessment, vaccine and laboratory codes and rates.

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/CHDP/Manual/ratesmaxchdp_c00.doc

Regulations and More

The following three codes are selected sections of California laws relating to medical care and health education records for children in out-of-home placement. These sections have been extracted from California's Welfare and Institutions Code.

http://www.leginfo.ca.gov/calaw.html

Welfare and Institutions Codes 739 (A-G) - Medical Care for Probation

739. (a) Whenever any person is taken into temporary custody under Article 15 (commencing with Section 625) and is in need of medical, surgical, dental, or other remedial care, the probation officer may, upon the recommendation of the attending physician and surgeon or, if the person needs dental care and there is an attending dentist, the attending dentist, authorize the performance of that medical, surgical, dental, or other remedial care. The probation officer shall notify the parent, guardian, or person standing in loco parentis of the person, if any, of the care found to be needed before the care is provided, and if the parent, guardian, or person standing in loco parentis objects, the care shall be given only upon order of the court in the exercise of its discretion.

(b) Whenever it appears to the juvenile court that any person concerning whom a petition has been filed with the court is in need of medical, surgical, dental, or other remedial care, and that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize the remedial care or treatment for that person, the court, upon the written recommendation of a licensed physician and surgeon or, if the person needs dental care, a licensed dentist, and after due notice to the parent, guardian, or person standing in loco parentis, if any, may make an order authorizing the performance of the necessary medical, surgical, dental, or other remedial care for that person.

(c) Whenever a ward of the juvenile court is placed by order of the court within the care and custody or under the supervision of the probation officer of the county in which the ward resides and it appears to the court that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize medical, surgical, dental, or other remedial care or treatment for the ward, the court may, after due notice to the parent, guardian, or person standing in loco parentis, if any, order that the probation officer may authorize the medical, surgical, dental, or other remedial care for the ward by licensed practitioners, as may from time to time appear necessary.

(d) Whenever it appears that a minor otherwise within subdivision (a), (b), or (c) requires immediate emergency medical, surgical, or other remedial care in an emergency situation, that care may be provided by a licensed physician and surgeon or, if the minor needs dental care in an emergency situation, by a licensed dentist, without a court order and upon authorization of a probation officer. If the

minor needs foot or ankle care within the scope of practice of podiatric medicine, as defined in Section 2472 of the Business and Professions Code, a probation officer may authorize the care to be provided by a podiatrist after obtaining the advice and concurrence of a physician and surgeon. The probation officer shall make reasonable efforts to obtain the consent of, or to notify, the parent, guardian, or person standing in loco parentis prior to authorizing emergency medical, surgical, dental, or other remedial care. "Emergency situation," for the purposes of this subdivision means a minor requires immediate treatment for the alleviation of severe pain or an immediate diagnosis and treatment of an unforeseeable medical, surgical, dental, or other remedial condition or contagious disease which if not immediately diagnosed and treated, would lead to serious disability or death.

(e) In any case in which the court orders the performance of any medical, surgical, dental, or other remedial care pursuant to this section, the court may also make an order authorizing the release of information concerning that care to probation officers, parole officers, or any other qualified individuals or agencies caring for or acting in the interest and welfare of the minor under order, commitment, or approval of the court.

(f) Nothing in this section shall be construed as limiting the right of a parent, guardian, or person standing in loco parentis, who has not been deprived of the custody or control of the minor by order of the court, in providing any medical, surgical, dental, or other remedial treatment recognized or permitted under the laws of this state.

(g) The parent of any person described in this section may authorize the performance of medical, surgical, dental, or other remedial care provided for in this section notwithstanding his or her age or marital status. In nonemergency situations the parent authorizing the care shall notify the other parent prior to the administration of the care.

Welfare and Institutions Codes 369 – Medical; Surgical, Dental Care Information

369. (a) Whenever any person is taken into temporary custody under Article 7 (commencing with Section 305) and is in need of medical, surgical, dental, or other remedial care, the social worker may, upon the recommendation of the attending physician and surgeon or, if the person needs dental care and there is an attending dentist, the attending dentist, authorize the performance of the medical, surgical, dental, or other remedial care. The social worker shall notify the parent, guardian, or person standing in loco parentis of the person, if any, of the care found to be needed before that care is provided, and if the parent, guardian, or person standing in loco parentis objects, that care shall be given only upon order of the court in the exercise of its discretion.

(b) Whenever it appears to the juvenile court that any person concerning whom a petition has been filed with the court is in need of medical, surgical, dental, or other remedial care, and that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize the remedial care or treatment for that person, the court, upon the written recommendation of a licensed physician and surgeon or, if the person needs dental care, a licensed dentist, and after due notice to the parent, guardian, or person standing in loco parentis, if any, may make an order authorizing the performance of the necessary medical, surgical, dental, or other remedial care for that person.

(c) Whenever a dependent child of the juvenile court is placed by order of the court within the care and custody or under the supervision of a social worker of the county in which the dependent child resides and it appears to the court that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize medical, surgical, dental, or other remedial care or treatment for the dependent child, the court may, after due notice to the parent, guardian, or person standing in loco parentis, if any, order that the social worker may authorize the medical, surgical, dental, or other remedial care for the dependent child, by licensed practitioners, as may from time to time appear necessary.

(d) Whenever it appears that a child otherwise within subdivision (a), (b), or (c) requires immediate emergency medical, surgical, or other remedial care in an emergency situation, that care may be provided by a licensed physician and surgeon or, if the child needs dental care in an emergency situation, by a licensed dentist, without a court order and upon authorization of a social worker. The social worker shall make reasonable efforts to obtain the consent of, or to notify, the parent, guardian, or person standing in loco parentis prior to authorizing emergency medical, surgical, dental, or other remedial care. "Emergency situation," for the purposes of this subdivision means a child requires immediate treatment for the alleviation of severe pain or an immediate diagnosis and treatment of an unforeseeable medical, surgical, dental, or other remedial condition or contagious disease which if not immediately diagnosed and treated, would lead to serious disability or death.

(e) In any case in which the court orders the performance of any medical, surgical, dental, or other remedial care pursuant to this section, the court may also make an

order authorizing the release of information concerning that care to social workers, parole officers, or any other qualified individuals or agencies caring for or acting in the interest and welfare of the child under order, commitment, or approval of the court.

(f) Nothing in this section shall be construed as limiting the right of a parent, guardian, or person standing in loco parentis, who has not been deprived of the custody or control of the child by order of the court, in providing any medical, surgical, dental, or other remedial treatment recognized or permitted under the laws of this state.

(g) The parent of any person described in this section may authorize the performance of medical, surgical, dental, or other remedial care provided for in this section notwithstanding his or her age or marital status. In nonemergency situations the parent authorizing the care shall notify the other parent prior to the administration of that care.

Welfare and Institutions Codes 16010 (A-F) – Health and Education Records of Minors

16010. (a) When a child is placed in foster care, the case plan for each child recommended pursuant to Section 358.1 shall include a summary of the health and education information or records, including mental health information or records, of the child. The summary may be maintained in the form of a health and education passport, or a comparable format designed by the child protective agency. The health and education summary shall include, but not be limited to, the names and addresses of the child's health, dental, and education providers, the child's grade level performance, the child's school record, assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement, a record of the child's immunizations and allergies, the child's known medical problems, the child's current medications, past health problems and hospitalizations, a record of the child's relevant mental health history, the child's known mental health condition and medications, and any other relevant mental health, dental, health, and education information concerning the child determined to be appropriate by the Director of Social Services. If any other provision of law imposes more stringent information requirements, then that section shall prevail.

(b) Additionally, any court report or assessment required pursuant to subdivision (g) of Section 361.5, Section 366.1, subdivision (d) of Section 366.21, or subdivision (b) of Section 366.22 shall include a copy of the current health and education summary described in subdivision (a).

(c) As soon as possible, but not later than 30 days after initial placement of a child into foster care, the child protective agency shall provide the caretaker with the child's current health and education summary as described in subdivision (a). For each subsequent placement, the child protective agency shall provide the caretaker with a current summary as described in subdivision (a) within 48 hours of the placement.

(d) (1) Notwithstanding Section 827 or any other provision of law, the child protective agency may disclose any information described in this section to a prospective caretaker or caretakers prior to placement of a child if all of the following requirements are met:

(A) The child protective agency intends to place the child with the prospective caretaker or caretakers.

(B) The prospective caretaker or caretakers are willing to become the adoptive parent or parents of the child.

(C) The prospective caretaker or caretakers have an approved adoption assessment or home study, a foster family home license, certification by a licensed foster family agency, or approval pursuant to the requirements in Sections 361.3 and 361.4.

(2) In addition to the information required to be provided under this section, the child protective agency may disclose to the prospective caretaker specified in paragraph (1), placement history or underlying source documents that are provided

to adoptive parents pursuant to subdivisions (a) and (b) of Section 8706 of the Family Code.

(e) The child's caretaker shall be responsible for obtaining and maintaining accurate and thorough information from physicians and educators for the child's summary as described in subdivision (a) during the time that the child is in the care of the caretaker. On each required visit, the child protective agency or its designee family foster agency shall inquire of the caretaker whether there is any new information that should be added to the child's summary as described in subdivision (a). The child protective agency shall update the summary with such information as appropriate, but not later than the next court date or within 48 hours of a change in placement. The child protective agency or its designee family foster agency shall take all necessary steps to assist the caretaker in obtaining relevant health and education information for the child's health and education summary as described in subdivision (a).

(f) At the initial hearing, the court shall direct each parent to provide to the child protective agency complete medical, dental, mental health, and educational information, and medical background, of the child and of the child's mother and the child's biological father if known. The Judicial Council shall create a form for the purpose of obtaining health and education information from the child's parents or guardians at the initial hearing. The court shall determine at the hearing held pursuant to Section 358 whether the medical, dental, mental health, and educational information has been provided to the child protective agency.