



## 2007-2008 SANTA CLARA COUNTY CIVIL GRAND JURY REPORT

# FAILED HEALTH CARE TRACKING PUTS COUNTY FOSTER CHILDREN AT RISK

## Introduction

The 2006-2007 Santa Clara County Civil Grand Jury received a citizen's complaint concerning the timeliness of medical records that are received by caregivers for minors who are in foster care in Santa Clara County. Caregivers lacking accurate current medical information could lead to serious consequences for children in the foster care system. The 2007-2008 Santa Clara County Civil Grand Jury (Grand Jury) reexamined this complaint.

## Background

The State of California requires that when a child is placed in foster care, the care plan for each child shall include a summary of the health and education information or records of the child. The summary may be maintained in the form of a Health and Education Passport (HEP). (Appendix A contains a list of acronyms used in this report.) The HEP is an interagency, interdisciplinary, collaborative effort between the Departments of Health Services and Social Services to maintain and distribute summaries of health and education records for all children in foster care. It is intended to improve the health care outcome of the foster children by providing up-to-date health and education information needed by the child's caregiver, health care provider, and the schools providing health/educational services. It is called a Passport, with the hope that it will help ensure the child's safe passage through the complex maze of the foster care health system.

The requirement for a HEP is part of the Child Health and Disability Prevention (CHDP) program, a preventative health program serving California's children and youth. CHDP makes health care available to eligible children and youth who are under 20 years of age who have Medi-Cal, children in foster care, children who attend Head Start or state preschool, and children age 18 and younger whose families have incomes below 200% of the Federal Poverty Level. Every local health department in California has a CHDP program.

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program located in county child welfare service agencies and probation departments to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. The local

CHDP program is administratively responsible for the HCPCFC. This includes the management of the required interdepartmental Memorandum of Understanding with the local child welfare agency, probation and health departments. The goals and objectives of the HCPCFC are common to the health, welfare and probation departments and are implemented through close collaboration and cooperation among this multi-disciplinary, interdepartmental team. One of the functions of HCPCFC is for the PHN to participate in the creation and updating of the HEP for every child, as required by law.

Statewide use of the HEP was initiated in 1999 when the California Legislature passed Senate Bill 543 updating Section 16010 of the Welfare & Institutions Code. This bill required that when a child is placed in foster care, the case plan shall include a summary of the child's health and education information, including mental health information. The law states that the summary may be in the form of a health and education passport, or a comparable format designed by the child protective agency. Senate Bill 543 also directs all court reports to include a copy of the HEP, describes the child protective agency's role in providing the HEP to caregivers, and describes the caregiver's role in obtaining and maintaining accurate and thorough information from physicians and educators and giving that information to the child protective agency.

Welfare and Institutions Code Section 16010 mandates the Department of Family and Children's Services (DFCS) to provide each child with a HEP within 30 days of initial foster child placement. The HEP is updated continuously and is mandated to be given to the next caregiver within 48 hours when the child's placement changes to maintain smooth and seamless health care and education services.

As previously mentioned, HEP is a collaborative effort between the Department of Health Services, which includes the PHNs, and the Department of Social Services. These agencies form a Placement Tracking Team to input information into the Child Welfare Services/Case Management System (CWS/CMS) about placement changes of the children in foster care. The team also inputs information about the relatives or Non-Relative Extended Family Members (NREFM) caring for the child. When a child enters a new foster home or is placed with a relative or NREFM, the Social Worker provides detailed information to input into the CWS/CMS. DFCS then sends to the caregiver the information that the department has on the child as it relates to health and education.

Santa Clara County DFCS provides a binder for each child, referred to in this report as a HEP binder, for storing HEP records. The binder includes health care services, a CWS/CMS printout that contains immunization records and past health history, birth certificate, Medi-Cal card, educational records/reports cards, and other important documents the child has received while in the foster care system. The binder is mailed to the caregiver's residence after the dispositional hearing, and the caregiver is charged with the responsibility of keeping it up to date.

The health information in CWS/CMS is continuously updated by a PHN and the DFCS HEP clerks. The most up-to-date HEP is available for the case worker to bring along for the child visitation, and for mailing to the new foster caregiver. The majority of

the health information for HEP is collected through the DFCS Health Contact Form SC1702(c) (HCF), since it is completed and returned to DFCS every time a child receives any health service. The form requests information regarding the nature of the visit, diagnosis and treatment given, medications prescribed, immunizations given, and any need for future diagnosis/treatment, etc.

## **Discussion**

The complaint received by the Grand Jury alleged that the HEP binders were not being delivered on time to the foster parent caregivers. Since this issue related to the medical records of juveniles within the foster care system, great care was required to respect the privacy of individuals and to protect the confidentiality of specific placements. It was decided that the best approach to obtain meaningful information was by means of a survey of the caregivers, which would protect the anonymity of the respondents. The Grand Jury consulted with DFCS about this approach and received their concurrence and cooperation in executing the survey. In summary, the survey was prepared by the Grand Jury, mailed out by DFCS, with the responses sent back directly to the Grand Jury. Approval to conduct this survey was received from Juvenile Court on March 06, 2008.

## **Survey Description**

Primary intent of the survey was to determine whether caregivers were receiving the HEP binders, and if the binders were being delivered on time; within 30 days for initial placement, and within 48 hours for subsequent changes of placements. In addition, the survey sought to determine whether caregivers were in turn properly providing updates to DFCS about medical services received by the child. The survey also questioned how satisfied the caregivers were with the support they received from DFCS with respect to the child's medical needs, and space was left for comments, remarks and suggestions for improvements. A copy of the cover letter sent with the survey is in Appendix B, and a copy of the survey itself is in Appendix C.

The focus of the investigation was to determine the HEP binder status for placements made during the calendar years 2006 and 2007. DFCS indicated that in this time period there were 4,328 children placed with 2,992 different foster caregivers. The Grand Jury decided to randomly sample one-third of these caregivers, intending to obtain a large enough number of responses to provide valid statistical results. This sample includes anyone who had been a caregiver during the past two years, whether or not they are current caregivers.

DFCS prepared a list sorted by categories of caregivers. A description of the different categories is given in Appendix D. The Grand Jury provided the random sampling procedure to be used, and DFCS applied this procedure to obtain the final mailing. The Grand Jury monitored the process, and DFCS mailed out the surveys on March 24, 2008.

## Survey Results

### Overall Summary

DFCS mailed out 998 surveys, of which 96 were returned by the Post Office as undeliverable. The Grand Jury received 211 responses. Of these, 20 were not filled out, or failed to indicate that there were any placements during 2006 or 2007. These 20 returns were thus not applicable and were not included in the results, leaving 191 responses, a 19% return rate. The following table summarizes the survey and responses:

	Total	Samples	Returns	Applicable
County Shelter/Receiving Home (Non EA/AFDC)	3	0	0	0
Court Specified Home	28	12	7	6
Foster Family Agency Certified Home	605	201	33	33
Foster Family Home	380	123	26	23
Group Home	182	51	19	16
Guardian Home	75	27	11	10
Relative/NREFM Home	1716	584	115	103
Small Family Home	3	0	0	0
Sums	2992	998	211	191

Where:

- Total – Number of caregivers for each category
- Samples – Number of surveys mailed out to each category
- Returns – Number of surveys returned for each category
- Applicable – Number of applicable returns used for the investigation

### HEP Binder Timeliness - (Questions 2 and 3)

Question 2 asked whether the caregiver received a HEP binder within 30 days of an initial placement for the child. A total of 159 caregivers responded to this question, covering 367 children as initial placements. Of these:

- 68% of the placements received the HEP binder within 30 days
- 19% of the placements received the HEP binder after 30 days
- 13% of the placements did not receive a HEP binder

Question 3 asked whether the caregiver received a HEP binder within 48 hours of a second or subsequent placement for the child. A total of 109 caregivers responded to this question, covering 261 children who had a change of placement. Of these:

- 64% of the placements received the HEP binder on time
- 26% of the placements received the HEP binder after 48 hours
- 10% of the placements did not receive a HEP binder

Results are very similar for both initial and subsequent placements. DFCS is failing to meet its mandated requirements to timely deliver HEP binders, being in conformance for only two-thirds of the placements in the representative sample. Particularly problematic is that a HEP binder had not been delivered at all for 10% of the placements. It was noted during review of the data that delivery of HEP binders was particularly poor for the category labeled “Foster Family Home,” with 37% of the initial placements in this group not receiving a HEP binder.

### **Medical Forms - (Questions 4 and 5)**

Question 4 asked what medical form was taken to the medical care provider. A total of 181 caregivers answered this question. Per documentation provided by DFCS, caregivers are responsible to have the health provider fill out the HCF. One copy is kept by the medical care provider, one copy is to be returned to DFCS, and one copy is to be put into the HEP binder by the caregiver. A total of 78.5% of the caregivers answered with referencing the correct form, or with a reasonably close description the form, or some explanation indicating they were familiar with a standard form that should be used.

Question 5 asked to whom caregivers returned the report. A total of 185 caregivers answered this question. Of these:

- 58% said they return the form to the Social Worker
- 40% said they return the form to the PHN
- 18% said they return the form to DFCS
- 17% said Other
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Some respondents indicated they returned the form to more than one of the options, so the numbers above total more than 100%.

Questions 4 and 5 were included to determine how well updated medical information is being provided by the caregivers to DFCS. In general, the caregivers appear to know which standard form is to be used. But there is inconsistency as to where the forms are to be returned after receiving medical treatment, indicating a lack of detailed information and instructions being provided to the caregivers with respect to the caregiver's responsibility for updating medical information for the child.

## **DFCS Responsiveness - (Question 7)**

Question 7 asked how responsive DFCS is regarding health needs of the child. A total of 166 caregivers responded to this question. Of these:

- 75% Answered Usually
- 17% Answered Sometimes
- 8% Answered Seldom

Interestingly, these results are roughly in line with the results given above for the timeliness of HEP binder deliveries, corresponding to being on time, being late, or not having a binder delivered, respectively. The numbers indicate that DFCS is doing a reasonable job of responding to the health needs of the children placed in foster homes, but a lot more improvement is still required.

## **Comments/Remarks/Suggestions – (Question 8)**

The Grand Jury divided the comments into three major groups. Grouped as positive were comments that could be interpreted as favorable about the procedures, DFCS, HEP binders, or the overall support being received by the respondent. Labeled as negative were those comments wherein the respondent expressed some dissatisfaction or addresses a specific issue or problem. Comments with suggestions were separated out as the third group. Appendix E presents a compilation of the comments.

21 positive comments were received. For example:

- “Very satisfied”
- “They have always been helpful to me.”
- “It's working very well for me.”

Some of the respondents indicated satisfaction with HEP binders and considered them useful:

- “The HEP booklet is very helpful...”
- “I was impressed with the binder and forms that were given to me because it was very organized and comprehensive system...”
- “The HEP binder is ... very helpful.”

Negative comments were more numerous, 43 negative versus the 21 positive. A common complaint was the need to get complete medical data as soon as possible:

- “Give us the medical information we need.”
- “Just give us complete medical problem info of the child as soon as you give the passport binder to us. Cause most of the time is incomplete.”
- “The children come from the shelter with the wrong info.”
- “...we do not get any (or) very little limited information on the child.”
- “Information is very scant...”

Another common thread is the lack of communication between the caregivers, medical providers, and DFCS/PHN:

- “...doctors look at me as though I have 2 heads when I ask them to fill out forms.”
- “Did not know there were forms to fill out and give to someone.”
- “...didn’t know where to send update medical records.”
- “Medi-Cal cards don’t work all the time...”

Nine suggestions were generally along the line of improving communication and providing medical data in a timelier manner:

- “Offer classes for foster parents and SW’ers to review procedures.”
- “The doctor’s office should send copies of the medical records to social worker instead of foster parent.”
- “Make phone numbers for previous health care provider known...”

A specific suggestion that was common was to incorporate some online access to simplify the procedures:

- “Forms available online would have been a wonderful tool.
- “...online access & printing capacity...”
- “...set up an online system...”

The comments and suggestions reinforced the understanding that the system is about real children with real needs being cared for by people who have a genuine interest in the child’s welfare and well-being. In this context, any shortcomings are unacceptable.

## **Conclusion**

The State of California has mandated that a HEP be maintained for each child placed in foster care, and has charged the county DFCS agencies with the responsibility of exercising this mandate. Specific time limits are established for delivering this information. In Santa Clara County the HEP binder is the means to disseminate this information. Per the survey results, during calendar years 2006 and 2007, the HEP binders were not provided in 10% of the foster care child placements, and were delivered late 33% of the time. These results indicate that the Placement Tracking Team is not satisfactorily performing its duties. Causes may be lack of well-defined procedures, lack of training so that procedures are not understood, lack of supervision so that procedures are not being followed, or lack of resources. Another contributing cause may be misinterpretations of letters of understanding, and/or the lack of cooperation between the agencies involved.

Caregivers are required to inform DFCS of updates to the medical records of the child in their care. Caregivers are aware of the standard form used for these updates, but there is inconsistency in how these forms are returned to DFCS.

Many of the caregivers took the time to send their comments and suggestions for improvements. Overall the comments received from the survey respondents were more negative than positive. HEP binders are considered useful by the caregivers, but there is a need to furnish these binders within the established time frames and with more thorough and accurate information. There are lapses in communication between caregivers, medical providers, and DFCS/PHN.

The comments and suggestions also served to remind the Grand Jury that this investigation is really about individual children, who are dependent upon all the parties concerned for their well-being and welfare.

## **Findings and Recommendations**

All Findings and Recommendations are based on the results of the survey conducted by the Grand Jury. The Findings in this report were reviewed by the Santa Clara County Social Services Agency.

### **Finding 1**

DFCS has failed to deliver HEP binders to foster parent caregivers in 10% of child placements. This was found for both initial placements, and for subsequent changes of placement.

### **Recommendation 1**

DFCS needs to determine the cause for failing to deliver HEP binders for all placements and take corrective action to eliminate this problem.

### **Finding 2**

DFCS has failed to meet the mandated time schedule for delivery of HEP binders to one-third of the foster parent caregivers. This was found for initial placements as well as for subsequent changes of placement.

### **Recommendation 2**

DFCS needs to determine the cause for late delivery of HEP binders, and to take corrective action to ensure compliance with mandated requirements.

### **Finding 3**

Caregivers are generally aware of the correct forms to be used by medical providers for updating the child health information. However, there is a lack of knowledge of who should receive copies of these forms, and that the caregiver needs to put copies in the HEP binders.

### **Recommendation 3**

DFCS should increase instruction in procedures and preparation of caregivers to ensure that caregivers are aware of their responsibility to maintain and update the HEP binder in their possession, and that the caregivers know the correct procedure for forwarding medical information back to DFCS.

## **Finding 4**

The comments sent in by the respondents contain a number of suggestions for improvements.

## **Recommendation 4**

DFCS should review the comments with the caregivers, and evaluate them to determine if there are useful improvements that should be incorporated.

## Key References

### Documents

- County of Santa Clara, Department of Family and Children's Services, Administrative Support Bureau. E-Mail to Grand Jury. *RE: Grand Jury Request*. April 30, 2008
- County of Santa Clara, Department of Family and Children's Services, Administrative Support Unit. E-Mail to Grand Jury. *RE: Grand Jury Request*. May 01, 2008
- County of Santa Clara, Department of Family and Children's Services, Administrative Support Bureau. Letter from Social Service Program Manager III, to Grand Jury. *Grand Jury Request*. March 07, 2008
- County of Santa Clara, Department of Family and Children's Services, Administrative Support Bureau. Letter from Social Service Program Manager III, to Grand Jury. *Re: Grand Jury Request*. 21 Mar 2008
- County of Santa Clara, Department of Family and Children's Services, Administrative Support Bureau. *Out of Home Placement CY-2006, Foster Care Placements in CY 2006-2007*. 03/06/08
- County of Santa Clara, Department of Family and Children's Services, Domestic Violence Unit. E-Mail to Grand Jury. April 23, 2008
- County of Santa Clara, Social Services Agency. *Blank Sample of Health Education Passport (HEP)*
- County of Santa Clara, Social Services Agency. E-Mail from Executive Assistant, to Grand Jury. *DFCS Org Chart*. 13 Nov 2007
- County of Santa Clara, Social Services Agency. E-Mail from Executive Assistant, Director of Development and Operational Planning, to Grand Jury. *Request for Public Health Nurse List*. 05 Dec 2007
- County of Santa Clara, Social Services Agency. *Health Contact Form*. SC1702(c)-06/02
- County of Santa Clara, Social Services Agency. Letter from Director, to Foreperson Civil Grand Jury. *Follow-Up Items to Oct 25<sup>th</sup> Meeting*. November 5, 2007
- County of Santa Clara, Social Services Agency. Letter to Grand Jury. *CWS/CMS Training Guide, Contact Book*. 12/6/2007
- County of Santa Clara, Social Services Agency. Letter to Grand Jury. *Recording Mandatory Contacts, Delivered Service Log, Service Bureau A – Continuing & Child Welfare Service*. 12/5/2007

## Documents - continued

County of Santa Clara, Social Services Agency. Website: [http://intranet.ssa.co.santa-clara.ca.us/opp2/15\\_health/15-1.html](http://intranet.ssa.co.santa-clara.ca.us/opp2/15_health/15-1.html). DFCS Online Policies and Procedures. 2/5/2007

Santa Clara Valley Health and Hospital System, Public Health Department. Fax from Public Health Nurse, to Grand Jury. *Child Health and Disability Prevention (CHDP) Program, Health Care Program for Children in Foster Care (HCPCFC)*. Dec 20, 2007

State of California, Department of Health Care Services. Website: <http://www.dhcs.ca.gov> – *link to “Child Health and Disability Prevention” link to “Health Care Program for Children in Foster Care*. 09 Dec 2007

State of California, Department of Health Care Services. Website: <http://www.ca.gov/PCFH/CMS/CHDP>. *The Health care Program for Children in Foster Care*. 07 Dec 2007

State of California, Department of Health Care Services. Website: <http://www.dhs.ca.gov/pcfh/cms/HCPCFC/overview.html>. *Health Care Program for Children in Foster Care*

State of California, Department of Health Care Services. Website: <http://www.dhs.ca.gov/PCFH/CMS/PDF/HCPCFCdirectory.pdf>. *Public Health Nurse Directory*. 09 Dec 2007

State of California, Department of Social Services. All-County Information Notice No. 1-63-00. Provision of Case Plan Information to Out-of-Home Care Providers. June 28, 2000

State of California, Welfare & Institutions Code Section 16010. 1999 Senate Bill 543

## **Interviews / Meetings / Presentations**

- December 4, 2007 Social Worker Supervisor – Department of Family & Children’s Services, County of Santa Clara Social Services Agency
- December 18, 2007 Public Health Nurse II – RN, PHN, Child Health & Disability Prevention Program, County of Santa Clara Public Health Department
- December 20, 2007 Social Worker II – Department of Family & Children’s Services, County of Santa Clara, Social Services Agency
- March 06, 2008 Court Hearing – Juvenile Court
- March 14, 2008 Social Service Program Manager III – Administrative Support Bureau, Department of Family & Children’s Services, County of Santa Clara, Social Services Agency
- March 14, 2008 Office Management Coordinator – Placement Support Services, County of Santa Clara, Social Services Agency
- March 14, 2008 Social Worker Supervisor – Department of Family & Children’s Services, County of Santa Clara, Social Services Agency, Out of Home Care Unit
- March 21, 2008 Social Service Program Manager III – Administrative Support Bureau, Department of Family & Children’s Services, County of Santa Clara, Social Services Agency
- March 21, 2008 Office Management Coordinator – Placement Support Services, County of Santa Clara, Social Services Agency

**PASSED** and **ADOPTED** by the Santa Clara County Civil Grand Jury on this 29<sup>th</sup> day of May, 2008.

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Raymond A. Blockie, Jr.  
Foreperson

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Tim Cuneo  
Foreperson pro tem

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Kathryn C. Philp  
Secretary

## **APPENDIX A**

### **Acronyms**

<b>CHDP</b>	Child Health and Disability Prevention Program
<b>CWS/CMS</b>	Child Welfare Services/Case Management System
<b>DFCS</b>	Department of Family and Children's Services
<b>HCF</b>	Health Contact Form
<b>HCPCFC</b>	Health Care Program for Children in Foster Care
<b>HEP</b>	Health and Education Passport
<b>NREFM</b>	Non-Relative Extended Family Members
<b>PHN</b>	Public Health Nurse

**APPENDIX B**  
**Cover Letter for Survey**

March 19, 2008

Dear Caregiver/Resource Family:

The 2007-2008 Santa Clara County Civil Grand Jury is conducting an inquiry into whether the Department of Family and Children's Services (DFCS) follows the guidelines associated with updating medical files and maintaining current medical information for children in the foster care system. The DFCS is cooperating with this inquiry. As a caregiver or resource family for a foster child in the Department, we would like you to complete the attached survey and return it in the self-addressed stamped envelope **by Friday, April 11, 2008.**

We recognize and honor the privacy associated with medical and juvenile records, thus this survey is being conducted anonymously to protect the privacy of the foster children and the caregiver/resource families. The Civil Grand Jury is a confidential body. It will not disclose your specific responses to the questionnaire. If the Grand Jury decides to publish a report on the conduct of the DFCS, the report will be general in nature and will not include any identifying information. We ask that you too keep this questionnaire and your responses confidential.

Please contact Gloria Alicia Chacón at 408-882-2722 if you have any questions regarding the questionnaire. Any information you provide will be confidential. Thank you for your assistance.

Sincerely,

RAY BLOCKIE  
Foreperson  
2007-2008 Civil Grand Jury

**Si tiene algunas preguntas sobre el cuestionario, por favor llame a Gloria Alicia Chacón, Oficina del Grand Jury del Condado de Santa Clara, al número 408-882-2722. Muchas gracias por su asistencia.**

**APPENDIX C**  
**Survey Questionnaire**

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This questionnaire should be filled out completely and returned in the self-addressed stamped envelope by **Friday, April 11, 2008.**

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1. During the calendar years 2006 and 2007, how many children were placed with you?

\_\_\_\_\_ 2006

\_\_\_\_\_ 2007

**Please answer Questions 2 and 3 for each child in your placement.**

2. The Department of Family and Children's Services is required to send to the caregiver a **Health and Education Passport binder (HEP binder) within 30 days** of the child's first placement. The binder includes health and educational information on the child from birth to the present.

If you provided care during a child's first placement in the system:

- a.) For which children did you receive the **HEP binder within 30 days?**

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_ Child 5 \_\_\_\_\_ Child 6 \_\_\_\_\_

List any additional children.

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- b.) For which children did you receive the **HEP binder after 30 days?**

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_ Child 5 \_\_\_\_\_ Child 6 \_\_\_\_\_

List any additional children.

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c.) For which children did you **NOT** receive the **HEP** binder?

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_ Child 5 \_\_\_\_\_ Child 6 \_\_\_\_\_

List any additional children.

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3. If you provided care for the child **after** the first placement ended, the **HEP** binder should have been passed on to you within **48 hours** of the child being placed in your care, as required by the Department of Family and Children's Services.

a.) For which children did you receive the **HEP** binder **within 48 hours**?

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_ Child 5 \_\_\_\_\_ Child 6 \_\_\_\_\_

List any additional children.

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b.) For which children did you receive the **HEP** binder **after 48 hours**?

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_ Child 5 \_\_\_\_\_ Child 6 \_\_\_\_\_

List any additional children.

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c.) For which children did you **NOT** receive the **HEP** binder?

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_ Child 5 \_\_\_\_\_ Child 6 \_\_\_\_\_

List any additional children.

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## **APPENDIX D Caregiver Category Definitions**

**Shelter:**

A facility where children are brought if no placement is located.

**Court-Specified Home:**

A home where children are placed under court direction.

**Foster Family Agency Home:**

A home that is certified through a private agency to provide foster care services.

**Foster Family Home:**

A home that is licensed through Santa Clara County to provide foster care services.

**Group Home:**

Group homes provide the most restrictive out-of-home placement option for children in foster care

**Guardian Home:**

A home where the caregiver decides to become the legal guardian of a foster child.

**Relative/Non-Relative Extended Family Member:**

Relative caregivers are blood related and non-related caregivers have a bond with the child (godparents, a significant adult in the child's life, etc.)

**Small Family Home:**

A home that is licensed through Community Care Licensing to provide specialized foster care services

## **APPENDIX E**

### **Summary of Questionnaire Comments**

#### **Positive Comments**

“Our foster daughter's Public Health Nurse, is wonderful! She is very responsive, helpful and supportive! When I questioned the accuracy of our Foster Daughter's Immunization record, she accessed the CAIR website (California Immunization Record) and found an error. She explained that many people input data into foster children's HEP binders and mistakes can occur. I don't have any recommendations on how to ensure the accuracy of each HEP binder, but for future placements, I plan to ask the Public Health Nurse to compare the child's immunization record in the HEP binder to the CAIR database.”

“I am happy w/ California's newest social worker.”

“Very satisfied”

“I think the system is working fine.”

“The system was good, not great but good.”

“I was impressed with the binder and forms that were given to me because it was a very organized and comprehensive system (I thought).”

“Great Job!”

“My last social worker has been up to date by getting the information I needed for the Foster child that is here in my home.”

“We have been very satisfied with the information we have received”

“In time I had foster children in my home HEP booklet came after child place back to parent into another country. The HEP booklet is very helpful when you don't know children allergy or what.”

“The first time I had my granddaughter ... I had help from .... She is a relative support team member. When things didn't happen fast enough she persisted and got results. She is a dedicated worker. ... is a very dedicated social worker. She has and is doing everything to help my granddaughter.”

“I am satisfied with the procedures regarding updating medical records. Do not have any recommendations at this time.”

“good job”

“We received a binder on the first day the children were placed with us from the social worker who flew the children in from out of state. We have all their records both medical and psyche. Besides form being given to the doctors/dentists we emailed our social worker to inform them of each dr/dental visit. We feel we have had excellent written and spoken communication regarding our 2 children's medical/mental history/care.”

“Everything is up to date with the medical and dental and I think that the social worker is doing a fine job. When ever I need something I just call her and she helps me out.”

“As far as I'm concerned the procedures are good. Every time you have med. Appts you give the copy to your social worker and have a copy of yours. Note: I adopt already my two grandsons.”

"Our social worker was very good and took care of all of our needs."

"Well with all this kids with me the procedures and I recommend. Stay this way. It's working very well for me. But I'm speaking for myself."

"I believe that all the children were well cared for as far as their medical. I never had problems with any of that."

"I got HEP binders as soon as I got them I have all the information I needed"

"I think they do a very good job,. They have always been helpful to me."

## **Negative Comments**

"Many doctors look at me as though I have 2 heads when I ask them to fill it out(forms) Several have said no."

"Improve procedure didn't know where to send update medical records."

"I keep a copy of the form each time the for the binder. No one sends me any medical records"

"Give us the medical information we need. We haven't received any forms or history."

"Social Workers need to be more helpful into attaining psychological help for foster care children

"Never received updated forms. I just was told to turn them into SCC Social Services Agency, 373 West Julian St, SJ 95110-2335"

"A follow up to me means days/weeks on a lab test. This should be important. 8 months later is **NOT** a follow up. It is more like a failure to act/respond to child's needs /well being."

"Just give us complete medical problem info of the child as soon as you give the passport binder to us. Cause most of the time is incomplete."

"No. But probably because the kids are place (out of County). We always are at appointments on time. But we wait and wait while others are seen and gone. :( It seems my Co. doesn't know what to do with F.C. forms from other Co?"

"It would be helpful to get the binder ASAP. The children come from the shelter with wrong info. And usually the wrong Med-Cal numbers. When the child is being placed in another county then the Med-Cal needs to be changed immediately to allow us to get their physicals and dental appt. done on time as required within 39 days. Sometimes it takes two months. "

"Make sure that all children's passport binders have enough HCFs. Have a check list in binder as to what should be in binder. Almost all of my children's binders have been received without or w/ very little info in them al all. Most of the info. about children's meds, vaccinations I have had to call and get the info. With some of the children copies of health contract are mailed to social worker but social workers claim never received them. This happens quite often."

"Social Services needs to get all the information to foster parents. But they leave it up to foster parents."

"My problem is not having forms for the children in my home. My problem, and I know I speak for most of the foster parents, is that when they call us about a child we do not get any (or) very limited information on the child. Most of the times the agency with hold the vital information from us. We usually find out from the child about their behaviors. I have had cutters - children who molest other children and we are not told until too late. Then the child is removed again. If they are honest, then we decide if we can work with the child or not. It is not fair to the child or to us. And the agencies hold it against us if we give notice. And they refuse to give us any more children. So most of us are intimidated by the agency's. How can we work this out?? What can you do on your part?? This is a major problem.. Thank you."

"Not the agency, but the county can be better at follow up., Also, the county could do a better job at being more organized, better communication and being more accessible by phone. There could be better written communications as well."

"Did not receive any HEP binders at all. Make sure that the county social worker of FHA Social worker has pertinent (sic) information for each child! Make phone numbers for previous health care providers known to Social Workers so that foster parent can obtain information if needed."

"Only receives paperwork from doctor or hospital when the child is seen every two months or so. "

"We need a better health history"

"It wasn't a binder but a printout for the child. I didn't have difficulty with any medical information. Since both children were teenagers, they could tell me about their health needs and previous concerns. However, I have had difficulty receiving approval for needed dental procedures (oral surgery/braces). If foster parents better understood the documentation necessary for costly procedures, that would help ensure children received the care they need. Or if we would be allowed to pay for the procedure and be reimbursed so the child could receive care immediately that would be helpful. Also, our social workers from the county have been excellent. They respond promptly, work hard and endeavor to give the child the best chance they can. Our experiences with the court system have been extremely frustrating, with scheduled court appearances 4 or 5 hours after the time given.

"It would be helpful to have copies of the child's medical records to better care for the child. If we knew where the child had been we may be able to continue with the same doctor or dentist"

"Since we were through a private agency we always received two books and over the 13 years we were foster parents I don't recall ever receiving binder after 30 days. One of the children we took in had heart surgery and had been in a foster home. There was a lot of information on his surgery but nothing on follow-up care. I was not advised by anyone that I was to contact a new child heart doctor when he was placed. On my own I contacted the heart doctor and asked what if anything did I need to do. There was as is today a number of things and with his help we got a new doctor. so there hasn't been one skipped beat."

"Medi-cal cards don't work all the time for prescription" referred

"You binder should be sent within a week of placement. It sure would help."

"None all HEP binders came on time As long as I have names, phone no., and addresses of child's doctors, therapists, nutritionists etc, I do very well meeting the child's needs in these areas. Depending on social workers as intermediaries is often an exercise in futility. The HEP binder is a catchall for pictures, notes, short card, report cards, IEPs, & IPPs, CHDp notes, dental records & as such is very helpful. Thank you"

"Public Health Nurse (CHDP) are over zealous in sending numerous papers and envelopes and the request for each visit - return and clinic can be overwhelming with fragile children."

"Information is very scant on the child we received. Shelter was helpful - Medical office there researched Valley Med records to find birth records. No other information was available. Received immunization record retrieved from birth family after 7 weeks. DFCS might need specialist to research medical records & retrieve data when birth family is unavailable or uncooperative. Social workers don't have skills or access to get previous medical records - having a specialist with access to county records & expertise is research could resolve this. Social worker case load is too much to allow them time to collect all the information needed on a new case."

"Getting Binder sooner & Med ID faster"

"I don't understand this. I'm the person who has all my kids' information at all times because we are the ones who take them to their appointments."

"Once when I tried to make an appt at Valley Medical Pediatric, they said that I wasn't the mother, so I needed to fax proof of what I am. I was very frustrated since I had already been on hold for 48 min."

"... children had gone back to their mother prior to receiving any binders. It was approximately six months before I received the binder. Be sure the caregiver receives proper direction from the social worker. The social worker was aware that ... needed wisdom teeth removed ASAP & the other children needed shots & dental work, I was never informed that there was paperwork I needed to give to the doctor. It is very inconvenient for all concerned to back-paddle to get the information after the fact."

"Need to give foster parents more info. About the child and why they are in foster care."

"Did not know there were forms to fill out and give to someone."

"The HCF is a duplicate sheet and I always keep the carbon copy. I seldom get anything from DFCS, though. One of the biggest problems is that Valley Medical is not networked, so if a child has been taken to more than one clinic location, their records must be requested from every location - that is a major hindrance to getting a complete medical picture. I have at times been the person that requested birth or other medical records for my foster child from the various health agencies - not the social worker."

"I've never been asked to send copies. I have provided the social worker with our doctor's contact info. I had no idea I was supposed to receive medical records. I was told I could only get them AFTER we complete the adoption of the kids. We made a special request for hospital records from their birth (we wanted to know if they had been drug exposed.) Those records were provided to us only after a supervisor approved. They acted like it was a major issue and exception to the rule."

"I think they should inform the caregiver or adopted parent health problem of the child. Special if the child has aids or some other sickness that could endanger other life. Our experience with the procedure has been good once we received the binders. ... is great for contacting me with notifications of upcoming medical requirements."

"The only thing I can say is getting Health care card and getting me on the proper list to make changes was very hard to get done. They keep putting the fathers name on everything. I also can not get a real doctors children's office to a pediatrics office. I have to go to clinic and only see a nurse practitioner. Because no pediatrics will take Medicare or blue cross."

"We had to request a new binder. Received @ 11 months old. Improve child to Nurse ratio. I suspect the nurses carry a very high caseload and are over(?) keeping up."

"Receive medical insurance information insurance card or copy of eligibility soon after the child is placed or when child is admitted would be very appreciated. Have medical worker phone # at time of admission."

"I think the system needs to look at if the child or children are staying with family members they should not have to go through all the terrible medical examinations so soon after they are placed - the kids are scared enough already."

"There should be a better placement proceed that follow each child. All cases are different, but many foster parents should not have to continuously ask for these items. It should be the responsibility of the worker."

"We had to request a new binder. Received 0. 11 months old. Improve child to nurse ratio. I suspect the nurses carry a very high caseload and overloading(??) keeping up."

"I'm not sure how often records are "updated" but if after 6 months we could get an updated passport or even after a year."

"Medi-cal cards don't work all the time for prescription"

"I have never received an update for the child I have in my care. She has been with us for 16 months."

## **Suggestions**

Forms available online would have been a wonderful tool"

"The doctors need to be responsible in completing the SC1702 form after each medical visit and provide the completed form to the care provider."

"online access"

"Offer classes for foster parents and SW'ers to review procedures."

"Perhaps online access & printing capacity so can print on demand the passport for all active placements."

"Require review by DFCS every 30 days. Tie these reviews to DFCS performance evaluations and future pay raises."

"Put record on a computer disk or setup an online system capable of changing passwords each time there is a change in placement or caregiver. "

"The doctor's office should send copies of medical records to social worker instead of foster parent."

"Bring back the public health nurses."