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State of California

DEPARTMENT OF HEALTH CARE SERVICES

CaAIM FOSTER CARE MODEL OF CARE WORKGROUP

Member Application Form

The CaAIM Foster Care Model of Care Workgroup is being established to create a long-term plan for how foster children and youth receive health care services (physical health, mental health, substance use disorder treatment, social services, and oral health) and as an opportunity for stakeholders to provide feedback on ways to improve the current system of care for foster children and youth. The workgroup also will determine whether or not a new system of care should be developed.

The workgroup will:

- Engage in collaborative discussions to develop policy recommendations and operationally achievable timelines for implementing a new, and/or transitioning to an existing but slightly different, model of care for children and youth in foster care, including Former Foster Youth (FFY) programs and transitioning out of foster programs and services at age 26.
- Engage in meaningful dialogue and consensus building to ensure all key players, both internal DHCS/CDSS staff and external stakeholders, have an opportunity to provide feedback and perspectives to inform a uniform and agreed upon approach to address the unique and complex health care needs of this vulnerable population.
- Develop implementation work plans and timelines.

This application must be submitted to DHCS with required documentation by 5:00 PM PST on Friday, March 22, 2020.

The following information shall be provided to be considered for membership on the workgroup:

Name:

Organization/Affiliation (if any):

Phone
number:

Email
address:

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Brief statement indicating reason for interest in serving as a Foster Care Model of Care Workgroup member and any specific populations you work with (150 words or less):

What group(s) do you represent? (Check all that apply)

- ☐ Biological Parent
- ☐ County Behavioral Health Program
County Welfare Program
Managed Care Plan
- ☐ Education (County, District, School)
Foster Care Consumer Advocate
Foster Parent
Foster Youth Consumer
Kin Caregiver
Judicial
Juvenile Justice Probation
Provider
Other (explain) _____

Confirm commitment to attend in-person **all** of the Foster Care System of Care Workgroup meetings to be held in Sacramento, California 9:30 AM to 4:30 PM on the following dates (meeting duration may be shortened after first meetings):

- April 21, 2020
- June 26, 2020
- August 21, 2020
- October 23, 2020
- November 20, 2020

No ☐ Yes ☐

Check to confirm resume or curriculum vitae is attached. ☐

Please note: A resume or curriculum vitae is not required for applications submitted to fill a seat designated for a parent/caregiver/foster youth consumer.

By typing your first and last name below you certify the information provided in and attached to this application is true.