

# Fostering Healthy Kids **PUBLIC HEALTH IN FOSTER CARE**

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# A Long Standing Partnership

- The Bureau for Public Health and the Bureau for Children and Families have a long standing partnership.
- The partnership was formalized in the mid 1990s as part of the “Sanders Decree.”
- The Department was not offering EPSDT services in the manner that children are entitled to.
- To correct this problem, the Office of Maternal, Child and Family Health established Outreach Workers specifically responsible for children in foster care.

- Collaborative effort initiated by the Department of Health and Human Resources, Bureau for Children and Families and Bureau for Public Health's Office of Maternal, Child and Family Health to ensure a continuum of quality health care for children placed in foster care.
- The goal of the Fostering Healthy Kids Project is to ensure that all children placed in foster care receive screening, diagnosis and treatment of health problems before they become more complex. A data system was added to track timely services.
- Provides care coordination services for children in relative/kinship care and DHHR homes in Kanawha, Roane and Clay Counties.

# Significant Improvements in EPSDT

- The number of children in foster care with a documented medical provider has improved from 30% to greater than 95%.
- The number of children who have a documented medical exam within 30 days of placement has increased from 40% to above 90%.

- 334 children have qualified for the Fostering Healthy Kids Pilot Project,
  - 223 healthy,
  - 4 acute, and
  - 57 chronic
  - 50 children were removed from foster care or changed placement to a county outside of Clay, Kanawha or Roane and were not classified.
- Children falling into the “chronic” category are referred to the Children with Special Health Care Needs Program for care coordination and medical services.

## GOALS

- 100 percent of children entering foster care will be seen by an appropriate primary care provider within 72 hours.
- 100 percent of children entering foster care will be screened for medical and behavioral health needs and trauma through our Health Check screening process (EPSDT).
- Validate the appropriate use of psychotropic medications for children in congregate care and foster care.

- While there has not been a notable improvement in the total percentage of foster children who are scheduled for an exam, it does appear that these children are being scheduled for their exams more quickly. For instance, for foster children placed in September 2013, 17.0% were scheduled for an exam within 1 day of placement. For foster children placed in April 2014, this percentage has increased to 47.8%.
- Both Bureaus continue to work on timeliness.

## Fostering Healthy Kids Project

Foster children placed in April 2014: **290**

### Timeliness of initial HealthCheck exams for foster children

Performance Measures	≤ 1 day	2 days	3 days	0-3 d	4-7 d	8-14 d	0-14 d	15-21 d	22-28 d	0-28 d	>28 d	Completed	Not completed	Had exam ≤30 days prior to placement <sup>^</sup>	Error <sup>†</sup>
1. Percentage of foster children initially placed in <u>April 2014</u> who were entered into FACTS within each timeframe after placement	34.8%	10.0%	11.7%	56.6%	16.2%	5.2%	77.9%	4.5%	3.1%	85.5%	14.5%	100.0%	0.0%	-	0.0%
2. Percentage of foster children initially placed in <u>April 2014</u> who were scheduled for a HealthCheck exam within each timeframe after placement	47.8%	3.6%	7.6%	59.1%	9.1%	3.6%	71.7%	3.3%	4.0%	79.0%	13.4%	92.4%	7.6%	-	2.8%
3. Percentage of foster children initially placed in <u>April 2014</u> who were scheduled for a HealthCheck exam within each timeframe after data entry	65.6%	1.1%	0.5%	67.2%	3.3%	4.4%	74.9%	2.2%	4.4%	81.4%	7.1%	88.5%	11.5%	-	3.8%
4. Percentage of foster children initially placed in <u>April 2014</u> who received a HealthCheck exam within each timeframe after placement	12.4%	5.8%	7.3%	25.5%	12.8%	14.6%	52.9%	2.9%	3.6%	59.5%	10.9%	70.4%	29.6%	2.1%	3.4%
5. Percentage of foster children initially placed in <u>April 2014</u> who received a <b>documented</b> <sup>‡</sup> HealthCheck exam within each timeframe after placement	11.2%	5.0%	5.8%	21.9%	11.2%	13.3%	46.4%	2.9%	3.2%	52.5%	7.9%	60.4%	39.6%	2.1%	2.1%

<sup>^</sup>Percentage of all children placed in the reporting month who received a HealthCheck exam within the 30 days prior to the official placement date, according to the FACTS record. Data not used in denominator to calculate completion rates for each measure

<sup>†</sup>Cannot calculate due to data entry error, data not used in denominator to calculate completion rates for each measure.

<sup>‡</sup>A "documented" HealthCheck exam is indicated by the receipt of the HealthCheck exam results by the Foster Care Liaison.

- The WV Initiative for Foster Care Improvement began as an AAP grant to improve health care of foster children, and has merged efforts with DHHR on trauma screening.
- A specific trauma screening tool has not been identified as of yet.
- Plan to implement a pilot project with 6-7 pediatricians.
- Once the protocols (open ended questions, directed questions, and/or trauma surveillance/screening tools) for identification of and response to trauma are finalized, they'll be endorsed by DHHR.
- Eventually, it will be implemented statewide.

- Despite data limitations, published studies reveal higher rates of use for children involved in child welfare than in the general population with usage rates between 13 and 52 percent.
- Children in foster care are more likely to be prescribed psychotropic medications as they grow older.
- Males in foster care are more likely to be receiving psychotropic medications.
- Children in the most restrictive placement setting are the most likely to receive psychotropic medications.
- Currently there is a requirement for prior authorization for certain psychotropic medications for children up to 6 years of age.

- Approximately 227 children in foster are prescribed psychotropic medications from 3 or more HIC3 classes.
- Concurrent use of psychotropic medications from 3 or more HIC3 classes appears to be more prevalent among foster children in agency placements.
- The majority (72%) of psychiatric prescriptions were prescribed by psychiatrists.
- 30% of children received medications from two or more prescribing physicians.
- The most common diagnostic category is Hyperkinetic Syndrome of Childhood, followed by episodic mood disorders.

- Workgroup participants have reviewed national surveys and BMS claims data. While the data indicates that there are concerns, the group believes it is critical to clearly define problems before policy recommendations are made.
- By itself, the data does not provide enough detailed information so the group has determined that a review of cases would be very beneficial.
- In order to have a sample that is statistically sound at the 95% degree of confidence, the group plans to review 68 cases for placement type, placement changes, placement length, diagnosis, etc. The case study tool will be ready in approximately two weeks. Reviews will begin after the tool is reviewed and approved.
- It is clear at this point that continuing education for professionals interacting with children in foster care will be necessary.