



Enhanced Care Coordination for Children and Youth in Foster Care

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Learning Objectives

- **Understand the physical health, mental health and educational challenges children and youth in foster care face**
- **Articulate practices designed to help address issues faced by children and youth in foster care including:**
 - initial and more frequent well child visits
 - developmental screenings
 - mental health screenings
 - after-visit summaries
 - enhanced care coordination



Poll—Comment in Chat Box

What role do you have in caring for children and youth in foster care?

Primary care practice--provider, nurse, or office staff member

Child welfare professional

Birth parent, foster parent, kinship caregiver, or other caregiver

Other member of the larger child welfare system or medical profession

For primary care providers, do you or your practice currently serve children and youth in foster care?

Yes

No



American Academy of Pediatrics

- AAP classifies children and youth in foster care as a population with special health care needs
- Health is defined broadly and includes:
 - medical
 - mental health
 - developmental
 - educational
 - oral and
 - psychosocial well-being



Health Care Issues

- Overall, 30% to 80% of children come into foster care with at least one medical problem and one-third have a chronic medical condition
- Often problems have gone undiagnosed and untreated
- Up to 80% of children and adolescents enter with a significant mental health need
- Almost 40% have significant oral health issues
- Approximately 60% of children younger than five years have developmental health issues, and more than 40% of school-aged children have educational difficulties



Mental Health and Educational Issues

- One study found the rate of post traumatic stress disorder for foster care alumni was twice that of veterans of the first Gulf War
- The same study found only 20 percent were "doing well" in later life
- More foster care alumni go to prison than to college
- Overall, 6% of foster care alumni have at least some college education, but only 1% to 2% graduate with a 4-year degree



Solutions: Initial Well Child Visits

- The AAP recommends that all children in foster care have a health screening visit within **72 hours** of entry in foster care.
- Visits for children and youth in foster care take more time and often more medical research.
- Increased Medicaid rate for **initial** appointment for children in foster care for this extra time needed before and after direct patient care:
 - Billing code 99358, modifier UA—initial visit with patient in foster care
 - Submit along with E&M or well visit code

Solutions: More Frequent Well Child Visits

SCDSS enhanced well child visit schedule for children and youth in foster care:

- Monthly up to six months of age
- Every three months from six months to age two
- Every six months from age two



Why Have More Frequent Well Child Visits?

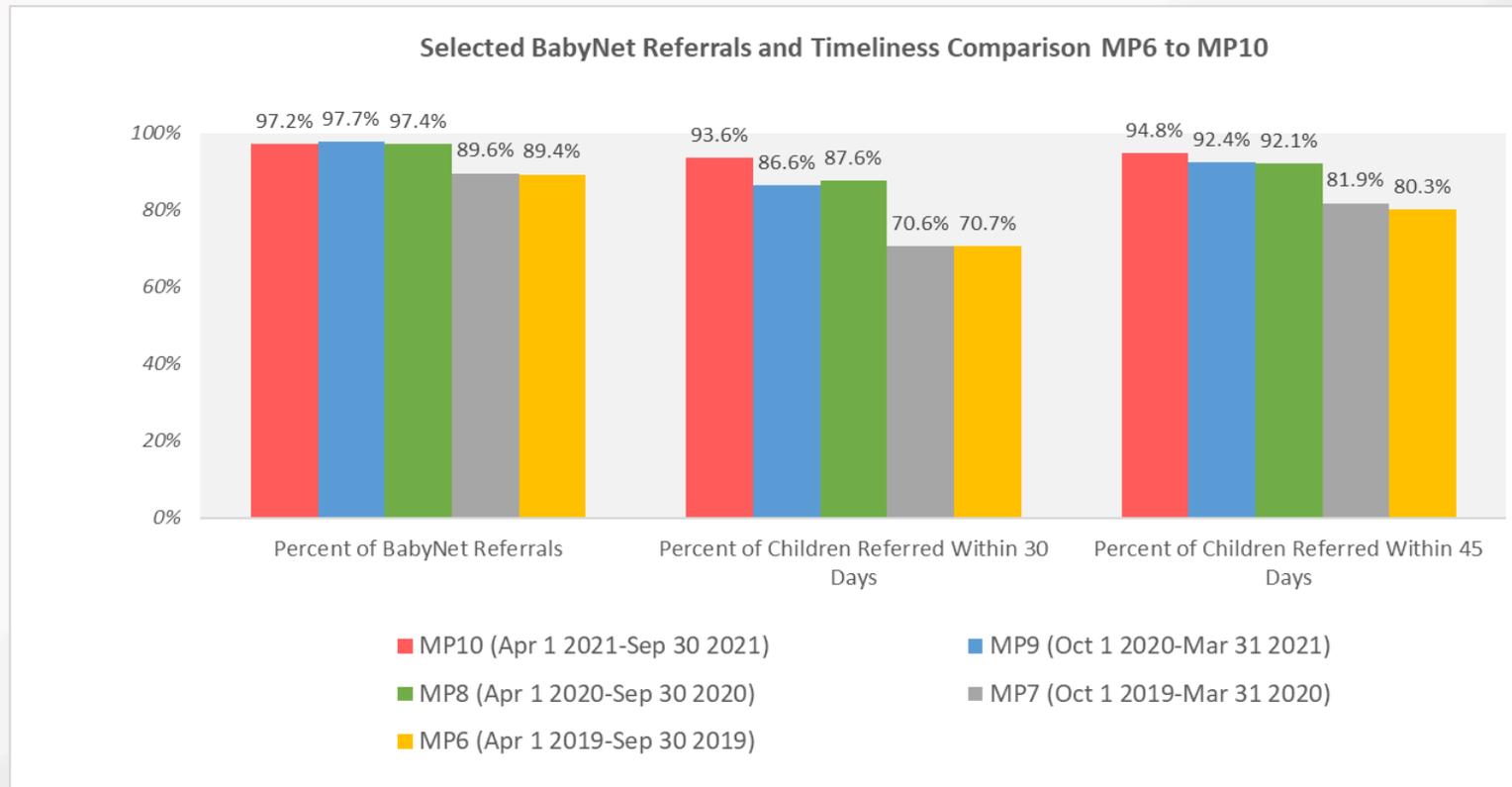
More frequent well child visits help providers:

- Diagnose and treat the high prevalence of health care problems
- Prevent issues from being overlooked during multiple transitions, frequent placement moves, and changes in providers
- Monitor adjustment to foster care and signs and symptoms of abuse and neglect
- Ensure a child or youth has all necessary referrals, medical equipment, and medications
- Support and educate foster parents, birth parents, and kin

Solutions: Required Developmental Screenings

Required referral for BabyNet developmental screening prior to age three:

- Made by DSS Case Managers at entry to foster care
- Foster parents may not refuse face-to-face assessment



Why Require Developmental Screenings?

- Early childhood trauma and toxic stress, especially if frequent and not tempered by responsive, nurturing caregiving, adversely affect neurobiology of the developing brain
- Early childhood trauma is correlated with poor emotional regulation, aggression, hyperactivity, impulsivity, attention and attachment problems



Solutions: Mental Health Screenings

Child and Adolescent Needs and Strength (CANS) tool has questions relating to adjustment to trauma and exposure to traumatic events:

- Training begins in February 2021 and will be implemented statewide in late 2021
- Includes trauma and behavioral/emotional screening
- Once implemented, CANS results will be provided for the first well child visit

Why Require Mental Health Screenings?

- Mental health needs are more prevalent for children and youth in foster care
- Experts estimate that 42% to 60% of children and youth have emotional and behavioral problems
- Abuse, neglect and removal from family origin are all traumatic experiences
- Early diagnosis and treatment can change the impact of trauma



Solutions: After-Visit Summaries

- Given immediately following a visit
- Documents who the child or youth saw, diagnoses, treatment, medication changes, and needed follow up care
- Indicates upcoming appointments
- Best practice: keep it simple-actionable steps and concrete instructions
- Can be generated from an electronic health record

Poll—Comment in Chat Box

For primary care providers, do you give patients a written after-visit summary with the next scheduled appointment on it?

Yes

Yes, but it does not have the next scheduled appointment on it

No, we do not provide after-visit summaries



Why Have After-Visit Summaries?

Written after-visit summaries help:

- Foster parents and DSS nurses know what follow up care is needed
- Ensure follow up care is both documented and received
- Document and monitor well child visit schedule so that children and youth are up-to-date
- Communicate when the next well child visit is scheduled

Solutions: Enhanced Care Coordination

Select Health Foster Care Team

- Started July 2019
- 19 full time staff—including a part-time medical director, nurse care managers, and care connectors
- **Available to help with:**
 - finding a specialist
 - assisting with medication needs
 - making appointments
 - follow up on referrals or resources
 - navigating insurance
 - education on physical or mental health conditions



Call First Choice Member Services at (888)276-2020, press option #3

DSS

Solutions: Enhanced Care Coordination

DSS Nursing Team

- Started November 2020
- 6 full time RNs—one who is also a dentist and two temporary nurses
- Available to help if you have questions about a child or youth in foster care



Solutions: DSS Nursing Team Information

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Resources

- AAP Healthy Foster Care America www.aap.org/fostercare
- Fostering Health <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Fostering-Health.aspx>
- National Child Traumatic Stress Network www.nctsn.org
- SAMHSA National Center for Trauma-Informed Care www.samhsa.gov/nctic
- Center for the Developing Child at Harvard University
www.developingchild.harvard.edu
- AAP, The Resilience Project <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Clinical-Assessment-Tools.aspx>

Questions

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