

2008 Fact Sheet:

Improving health care of children in foster care: an ongoing collaboration

THE BACKGROUND

Nationally and statewide, children in the foster care system are more likely to have significant health concerns that can affect their ability to become healthy adults. The Northwest Foster Care Alumni Study, conducted by the Casey Foundation, found that young adults who spent time in foster care were disproportionately more likely than others their age to have disabling health conditions, particularly mental illness. In addition, children in foster placement experienced significant economic disadvantages, including household incomes beneath the poverty level, episodes of homelessness and a lack of health insurance. An additional challenge is that children in foster care may face changing placements – making it more difficult to access providers and achieve continuity of care. The Governor and State Legislature have met these concerns in their commitment to improve the health of all Washington children. For foster children, that means a guarantee of a “medical home” – a reliable provider who can be a health-care centerpiece, overseeing and coordinating health care not just for an individual but an entire family. The ongoing effort to bring all Washington State children into health-care coverage by 2010 is not directly linked to children in foster care, but the twin efforts are complementary. Allowing children access to health coverage, maximizing the links between resources, helping families find medical homes that will identify and consolidate their health needs, and increasing health literacy – all of these can help prevent the need for out-of-home placement, as well as improve children’s lives in families of all incomes and walks of life. Access to health coverage means healthier kids; healthier kids mean healthier, more productive adults.

FOSTER CARE INITIATIVES

DSHS has set up a formal collaboration between the Health and Recovery Services Administration (HRSA) and the Children’s Administration (CA) to promote the healthy development of children in foster care. In addition, several funded initiatives will help DSHS coordinate the health care of these vulnerable children. DSHS recognizes that when children have access to cost-effective, preventive health care -- including strong ties to a medical home -- tomorrow’s citizens will have an unprecedented capacity to become productive adults in the 21st century. These initiatives include:

- 1. Creation of three regional centers for foster care health in Spokane, Longview, and Seattle that will link children to medical homes, provide education for primary care providers, and refer to specialty care as needed, including mental health care**
- 2. Expected funding of a foster care nurse hotline to answer questions for foster parents, give guidance to providers, and link to medical homes**
- 3. Allow Children’s Administration staff access to claims-based reports of health service use by children in foster care**
- 4. Use phone consultation and Web-based training to educate primary care providers about behavioral health issues and concerns in foster care**
- 5. Establish an improved dialogue between providers and health-care administrators**
- 6. Integrate the Medicaid pharmacy benefit with mental health contractors to set quality and safety standards**

The new integrated approach will improve access to medical homes for children in foster care; provide access to basic health information for Children’s Administration staff; accelerate the current working relationship of medical and mental health services within DSHS; and expand the growing partnership between the agency’s mental health programs and the University of Washington, a source of expertise, resources and inspiration for the mental health system at all levels across the state.

CURRENT ACTIVITIES:

CENTERS OF FOSTER CARE HEALTH: The Health and Recovery Services and Children's Administrations are establishing centers of expertise in foster health care, beginning with three pilot programs in Longview, Seattle and Spokane. These Centers of Foster Care Health will collaborate systematically with regional CA staff and local mental health resources and follow evidence-based practices. They will improve coordination, accessibility and quality of care for foster children.

DATA SHARING: Incomplete or inaccessible medical records represent one of the biggest challenges in quick, effective care for foster children. Today, Children's Administration caseworkers are able to browse the available billing data via a "canned query" hyperlink to each child's electronic case record. While not a complete medical history, the information does include diagnosis, treatment, medications and provider names – a resource with great potential for Child Health and Education Tracking (CHET) screeners, Foster Care Public Health Nurses (formerly Passport nurses) and social workers. Other improvements are being reviewed, including direct access for medical providers to the MMIS billing data through the ProviderOne system. In addition, CA is developing a CAMIS replacement system called FamLink. FamLink will maintain a current link to MMIS billing data and other medical information. It also will have the ability to store scanned documents.

24/7 NURSE HOTLINE: Basic funding for a 24-hour, seven-day-a-week "NurseLine" is in the Governor's, Senate, and House budgets. While only simple anticipatory guidance for foster parents may be available initially, the goal is to make clinical nursing services available to caregivers or social workers involved in the transition from home to foster placement, making sure that all children in the child welfare system have regular preventive health care and appropriate medical follow-up care. Nurses will have access to medical records and other data as questions arise, and they will be an ongoing resource of reliable information about emergent concerns, non-emergent issues like compliance with EPSDT (Early and Periodic Screening, Diagnosis & Treatment Program) as well as access issues, such as helping locate a primary care provider in the child's new setting

EVIDENCE-BASED PRACTICE INSTITUTE: This University of Washington institute will work with parents, caregivers, consumers and others to develop outcome-based performance measures that will help measure the effectiveness of 1088 programs. These include decreased ER hospitalizations, decreased involvement with the juvenile justice system, reductions in prescribed medication, improved school attendance and class performance, and fewer out-of-home placements and runaways.

IMPROVED CHILDREN'S MENTAL HEALTH BENEFITS: HRSA will begin paying for 20 mental health visits rather than 12 per year for children in both fee-for-service and Healthy Options Medicaid programs. This will allow a broader set of provider types (psychiatrists and licensed mental health providers with master's degrees) outside of the public mental health system. This expanded set of counseling benefits, available to children in Medicaid, will improve access for those children who do not qualify for care under the Regional Support Networks (RSNs). These benefit changes will begin July 1.

MEDICATION MANAGEMENT/SECOND OPINION CENTER: The children's mental health-care system is developing policies to improve prescribing policies and raise the quality overall of children's mental health therapy. Public health regulators will work with community prescribers to develop effective safeguards against potential overuse of anti-psychotic and Attention Deficit Hyperactivity Disorder (ADHD) medications, especially in children below the age of 5. The effort will include a second-opinion center at Children's Hospital in Seattle – a contracted resource available to physicians across the state.

PRIMARY CARE PROVIDER EDUCATION AND CONSULTATION SERVICES: UW also will help provide more and better information about foster children's mental health needs to Primary Care Providers. Pilots will develop a Web-based curriculum as well as other provider training in addition to phone-based consultations with a pediatric psychiatrist.

WRAPAROUND SERVICES: Three RSN pilot projects in Skagit, Grays Harbor and Cowlitz counties will provide "wraparound services" for children and youth with severe emotional and behavioral disturbances and their parents. Features include services tailored to the special needs of each child and family; unique racial, geographic or social considerations; including parents in decision-making; and flexible funding that can let the wraparound centers cross interagency or interdisciplinary boundaries.