



NCACDSS Children's Services Committee

May 10, 2017

Connecting children and youth in foster care with a medical home that can meet their special health care needs through promoting the care standards developed by the American Academy of Pediatrics

Poll



Updates & Reminders

- New Resources
- Health Summary Forms
- Fostering Connections Courses
- Key Stakeholder Engagement and Implementation Map
- Program Highlights
- David - Before and After



- Led by the North Carolina Pediatric Society and a partnership among pediatricians from across the state, Community Care of North Carolina and its regional care management networks, and many parts of the North Carolina Department of Health and Human Services (NC DHHS) – Division of Social Services, Office of Rural Health, Division of Medical Assistance and Division of Public Health
- Works to bridge the gap between child welfare and child health care by connecting children in foster care with a medical home that can meet their special health care needs through promoting the standards developed by the American Academy of Pediatrics
- Funded through June 30, 2017 through NC DHHS – Division of Social Services

New Resources

Check out the Fostering Health NC Online Library
www.ncpeds.org/fosteringhealthnc



- Program Summary and Flyer
- Resources for Foster Families [English](#) [Spanish](#)
- [Psychotropic Medications in Children and Adolescents: Guide for Use and Monitoring](#)
- [Best Practices for School Nurses](#)
- [Case Management Across LME/MCO Catchment Areas](#)

Parent/Family resources also available via the new NCDSS Parent Portal

Health Summary Forms

- Now included on the checklist that the Program Monitors use when they conduct site visits
- Questions about monitoring - please direct to the Division
- Questions about how to use the forms, benefits, etc. - contact Fostering Health NC staff
- DSS Administrative Letter (April 15, 2016)
<http://bit.ly/2p51pa2>



Health Summary Forms

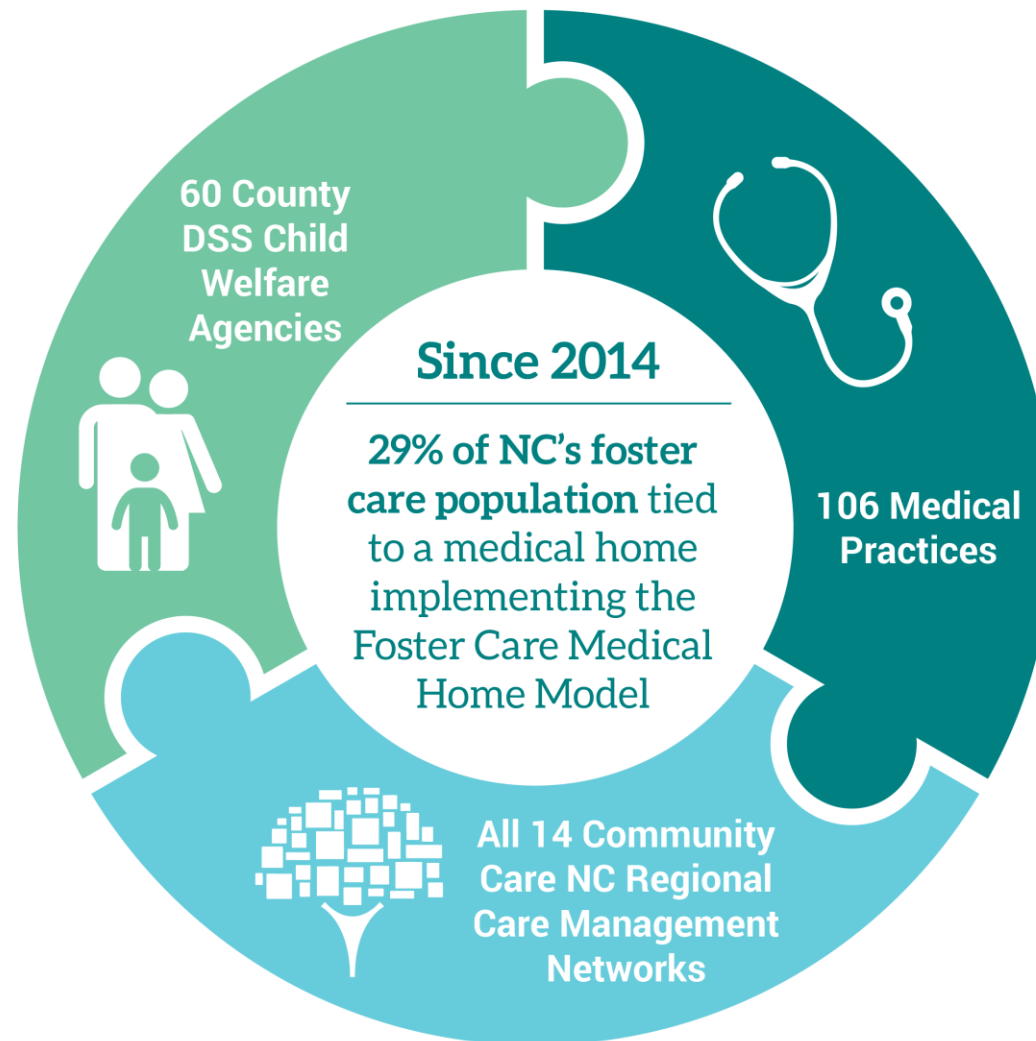
- Health History Form & Instructions (DSS-5207)
<https://www2.ncdhhs.gov/info/olm/forms/dss/dss-5207-ia.pdf>
<https://www2.ncdhhs.gov/info/olm/forms/dss/DSS-5207ins.pdf>
- Initial Visit (DSS-5206)
<https://www2.ncdhhs.gov/info/olm/forms/dss/dss-5206-ia.pdf>
- 30-day Comprehensive Visit (DSS-5208)
<https://www2.ncdhhs.gov/info/olm/forms/dss/dss-5208-ia.pdf>
- Ongoing Well-Visits (DSS-5209)
<https://www2.ncdhhs.gov/info/olm/forms/dss/dss-5209-ia.pdf>
- Also available on [Fostering Health Online Library](#)

Fostering Connections Courses

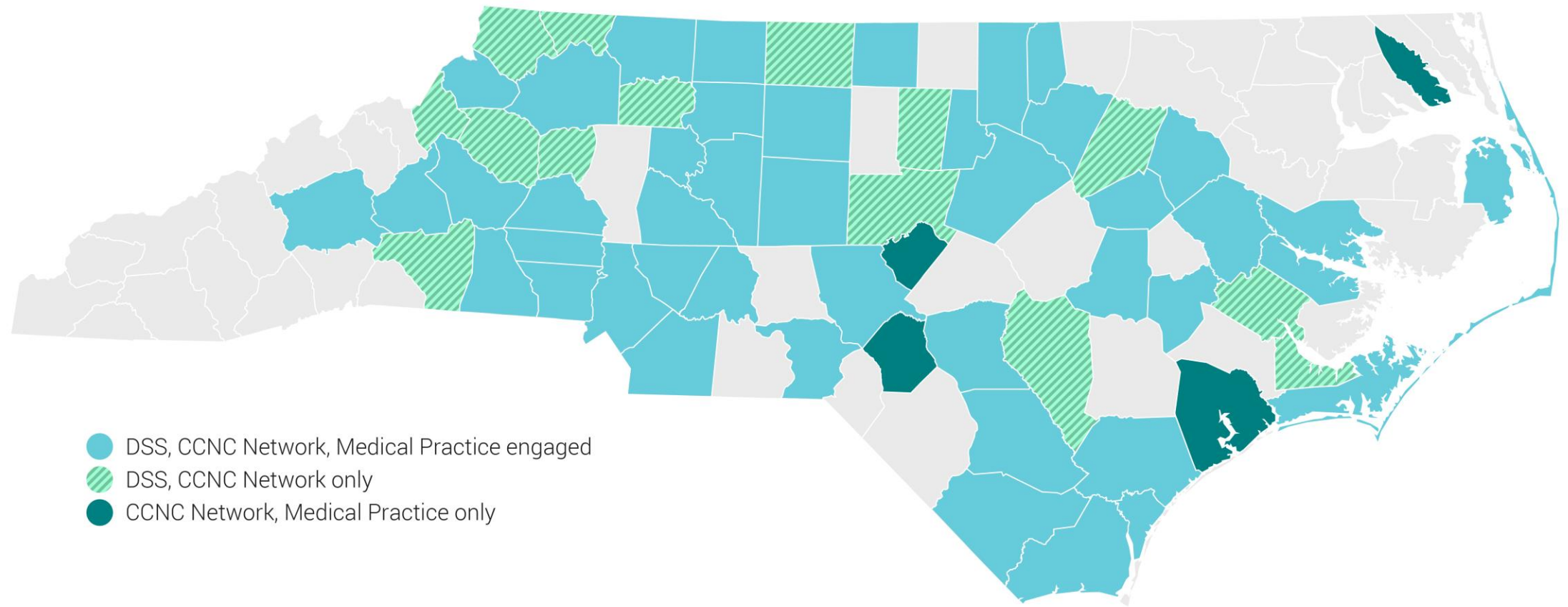
- Optimizing collaboration and creating interagency partnerships between social services, medical homes, and local Community Care Networks
 - *Fostering Connections I: geared towards child welfare line staff, supervisors, managers, and directors*
 - *Fostering Connections II: designed to help agency leaders*
- How to use Provider Portal to complete Health History Form
- To date, 462 DSS staff have completed the courses; positive feedback
- Use to train child welfare professionals from public and private child-placing agencies across the state
- Particularly useful when retraining staff following agency turnover
- Available for continuing education credits via ncswLearn.org
- Publically available via CCNC <http://bit.ly/2aBtQpB>



Key Stakeholder Engagement



Implementation



Children & Youth Impacted



Since 2014, the foster population in North Carolina has seen:



Increased compliance rates for well-visits for 3-6 year olds, 7-11 year olds, and 12-21 year olds in foster care.



Increased annual dental visits for all ages in foster care 2-20 years old and higher rates for annual dental visits than the Medicaid or NC Health Choice population not in foster care under 21 years of age.



Increased rates for behavioral/developmental screening for children in foster care ages 0-66 months.



Increased rates for adolescent immunizations, including HPV for females in foster care.

Other Highlights

- One of the major components of this model is to get all children in foster care enrolled in CCNC. Fostering Health NC has helped move that percentage from only 30% enrolled a few years ago, to 87% enrolled.
- Cost data show children in foster care enrolled with CCNC care management network cost less per member per month than those not enrolled
- Around 71% of children and youth in foster care in NC receive the regular schedule of well-child visits
- 54 (out of 100) County Departments of Social Services using the Health Summary Forms
- 49 (out of 100) County Departments of Social Services have a legal agreement to access Medicaid claims data (aka TECCA)



What are your peers saying?

Focus groups held with local stakeholders Fall 2016

- Benefits to involving care managers (CM) and network pharmacists
 - *Discovering unknown medical conditions*
 - *CM can serve as an advocate for child/youth*
 - *Ensuring child receives referrals for needed services*
 - *Medication reviews/comfort with med regimen/changes to med regimen*
 - *Ensuring children have been properly diagnosed (e.g., where's the assessment to support ADHD diagnosis?)*
 - *Obtaining prescription overrides*
- Better communication between county DSS, medical home, network staff, school nurses, families
- Better communication led to
 - *Greater understanding of medical needs of children in foster care, why the enhanced schedule is recommended*
 - *Knowing more about a child's health history (especially medications filled, when children have been to the doctor, diagnoses) by accessing Medicaid claims data*



David



BEFORE FOSTERING HEALTH NC

New primary care provider, New school

Trouble sleeping, constipation, picky eater and school behavior issues

Difficulty getting an appointment (it took 3 weeks)

Referral to GI specialist (more tests)

ADHD testing (prescribed stimulants)

Moved to another home, maybe another county

David is experiencing more trauma as a result of this experience

AFTER RECEIVING TRAUMA INFORMED CARE

David is assigned to a regional CCNC network care manager to coordinate medical needs

He's able to keep his own doctor

He still has trouble sleeping, constipation, picky eater and behavior issues at school

The trauma informed care manager educates and supports foster family & school teacher

Primary Care Provider supports foster family and treats constipation with Mirilax; He refers David to TF-CBT

On Saturdays David's mother brings a list of David's favorite foods for his foster parents

David feels safe

Program Recognition

Fostering Health NC – one of four state-based organizations to be recognized at this level



Written into North Carolina's proposed Medicaid 1115 waiver



Program Contacts



For training, technical assistance, or questions/discussion for our State Advisory Team:

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