

# **Growing Connections for Kids – A Model for Providing Healthcare for Children in Foster Care**

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My Birth Family may  
have **Chosen** not  
to Love me but  
at least someone  
**VOLUNTEERED** to.

**Children  
in Foster  
Care  
are  
Unique  
and  
Special**

- Foster children are considered special needs and have special concerns.
- Team approach to care
- End Result = Happy, Safe, Healthy

# Needs of Children in Foster Care

- Complex mix of unmet physical, developmental and mental health needs
- Complications of abuse and/or neglect, common childhood illnesses, mental illness, growth failure, developmental delays, sexually transmitted illnesses, high risk behaviors and chronic illness
- Preventative care

# Health Care Compromised

## By:

- Insufficient funding
- Poor planning
- Lack of access
- Prolonged waits for medical and mental health services
- Lack of coordination of services
- Poor communication among health and child welfare professionals

# Children's Medical Histories

- Often incomplete
- Often unavailable

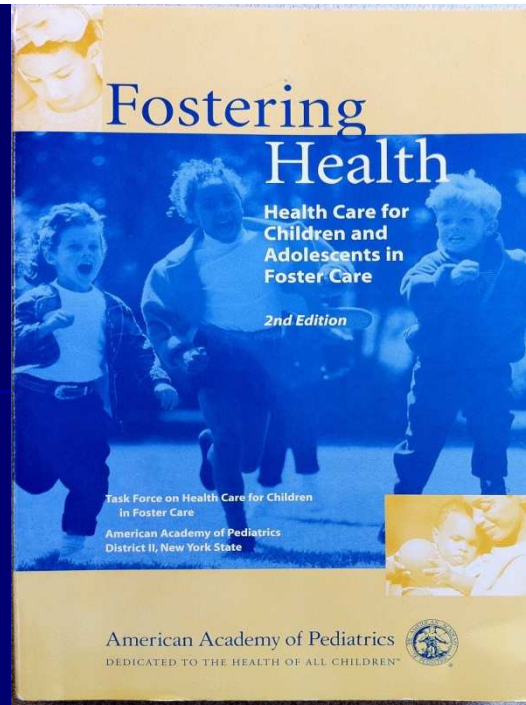
# Other Problems

- Children who are adopted often lack documentation of thorough medical family history
- Many doctors and dentists won't see a child who doesn't yet have a Medicaid card (this takes some days from the time a child enters care)
- Foster parents often have to pay themselves for necessary medications until the Medicaid card arrives

# Other Challenges

- Most doctors lack extensive training in recognizing the signs of abuse and neglect
- Social Case Work staff who generally are not trained extensively in medical and dental issues are each in charge of developing a child's medical/dental history

# American Academy of Pediatrics – “Task force on foster care” → ‘2005’



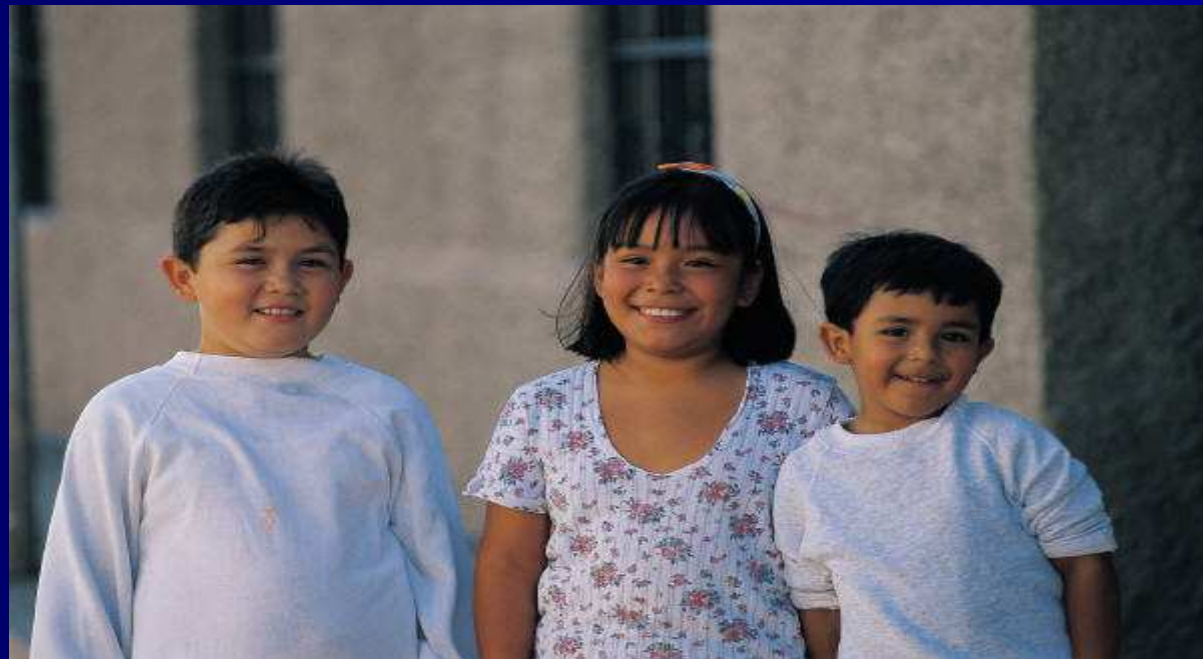
- Higher rate of health, developmental & behavioral problems
- Require a specialized approach to medical care
- Schedule of well child care specific to foster children
- Model of care for foster care
  1. Children need to be seen within 72 hours of placement
  2. Track medical records
  3. Within 30 days, need to establish medical home



# Denver's Solution: Growing Connections for Kids Program

Improving Care for Denver County Kids in Out of Home Care

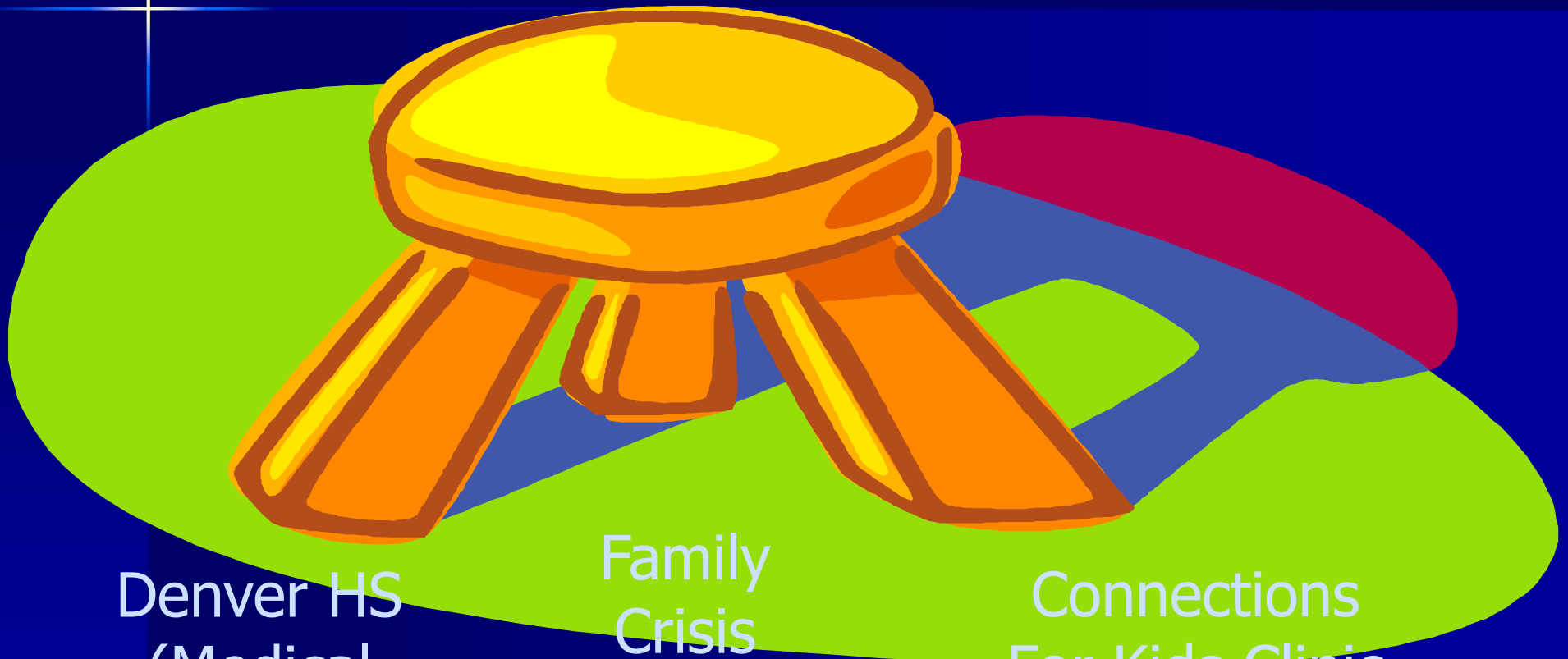
**A Collaboration between DH and DDHS**



# Growing Connections for Kids Program

- Expansion of existing collaboration between DHHA and DDHS
- Initial grant support through the Department of Health and Human Services Health Resources and Services Administration Maternal and Child Health Bureau Healthy Tomorrows Program

# The 3-Legged Stool



Denver HS  
(Medical  
Passport)

Family  
Crisis  
Center  
(FCC)

Connections  
For Kids Clinic  
(CFKC)

# **Growing Connections for Kids Program - 3 components**

- 1) Initial examination at the Family Crisis Center within days of placement
- 2) Medical Passport Team services
- 3) A “Medical Home” foster care clinic - Connections for Kids Clinic at Eastside Family Health Center

# **Growing Connections for Kids Program - 3 components**

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# FCC Medical Team

- Kathryn Wells, MD – Medical Director/Team Leader
- Peggy Baikie, DNP – Nurse Practitioner, Program Manager
- Laura Hix, PA
- Veronica Matias – Medication LPN
- Doreen Rodriguez – HCP/MA
- Martha Silvas – Clinic Clerk

# FCC Medical Clinic Services

- See children for abuse or neglect at request of DDHS, DPD, DA's Office, other medical providers
- See children as part of Order-In process
- See all children placed in out of home care
- Consult at Denver Health and Children's Hospital Colorado
- Testify as requested
- Provide medical care for children and youth placed at FCC

# FCC Medical Clinic Services

- Order-in's given a time slot for exams (AM's)
- Foster parents call clinic the morning after placement to schedule appointment (PM's)
- Other outpatient exams scheduled after consultation with medical staff
- Consents signed so records can be released



# **Growing Connections for Kids Program - 3 components**

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# Medical Passport Team

- Cherly Lorquet, CNA/Clerk
- Laura Hix, PA
- Peggy Baikie, DNP
- Kathryn Wells, MD
- DHS Passport team
  - Sarah Jones
  - Diana Hunter

# Medical Passport Team

- Medical and Dental Appointment Coordination
  - DHS Team (Sarah & Diana) tracks all necessary medical and dental appointments (as well as other important issues in a case) through a database computer program
  - Ensures appointments are made, kept, and that documentation is received from the visit – can schedule directly

# Medical Passport Team

- Medical History Compiled
  - Clerk gathers health information every child entering out of home care – all placements since 5/1/07
  - Attempts to contact each side of a child's biological to ensure a complete record is secured
  - Issues are identified and plans are developed to address the issue – communicate with placement provider (and ensuring the provider can carry out the plan)

# Medical Passport Team

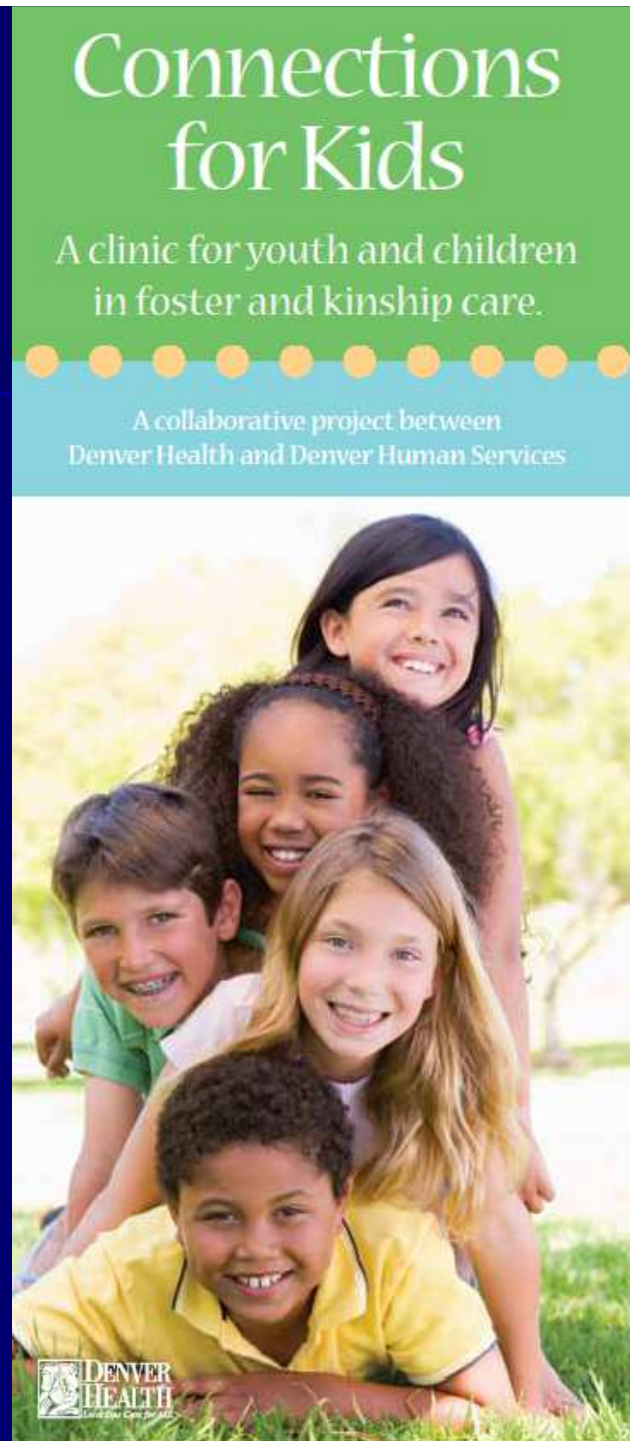
- Medical passport medical staff contacts workers to identify family to talk with
- The providers review medical appointment records for high risk cases as appointments occur
- The team acts as a resource to Social Case Workers who may have questions about their children's medical needs
- Communication between Medical Passport Team and DDHS regarding major changes so that medical needs can be anticipated

# **Growing Connections for Kids Program - 3 components**

- 1) Initial examination at the Family Crisis Center within days of placement
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# Connections for Kids Clinic at Denver Health Eastside Pediatrics

Initial grant support  
through the Department  
of Health and Human  
Services Health  
Resources and Services  
Administration Maternal  
and Child Health Bureau  
Healthy Tomorrows  
Program



Collaboration of  
care between  
Denver  
Department of  
Human Services  
and Denver  
Health Medical  
Center –  
provides care  
for the metro  
population who  
are  
underinsured or  
have no  
insurance.

# Connections for Kids Clinic Medical Team

- Lora Melnicoe, MD – Clinic Director
- Jill Groulx, RN – Nurse Case Manager
- Laura Hix, PA



# Health Care Requirements for Colorado's Foster Children

Within 24 Hours

Emergency Visit, As Indicated

Initial Medical Screening

Scheduled within 2 weeks of entering care

Initial Dental Screening

Scheduled within 8 weeks of entering care


Annually and/or at Transitions

Well Child Examination (AAP Periodicity Schedule)

Comprehensive Mental Health Assessment

Dental Examination

# AAP Recommendations

- Initial health screenings
- Comprehensive assessments of medical, dental, mental health and developmental status
- Link results of assessments to continuous individualized comprehensive care   
Medical Home!

# What is a Medical Home?

- Ensures that all needs are met
- Centralized comprehensive record of all health related services delivered
- Should remain the same despite changes in placement

# Connections for Kids Clinic

- At Eastside Clinic – centrally located
- Medical professionals who have extensive training in abuse and neglect issues
- All kids placed within the metro area are required to use the clinic– ensures that even when children move while in care, their medical and dental providers will remain constant (a “medical home”)
- The grant that was received that supported an RN that provides “case management” services for children using the clinic

# Connections for Kids Clinic

- Scheduled medical appointment within 2 weeks of placement
- Scheduled dental appointment within 8 weeks of placement
- Regular medical appointments for acute and chronic conditions as well as preventative care
- Regular dental appointments
- Developmental and mental health screens

# Connections for Kids Clinic

- Direct communication with caseworkers
- Coordination of other needed medical services
- Referrals as needed
- Care before Medicaid activated
- Improvement of medical information collected and maintained

# Connections for Kids Clinic

- Improved tracking and scheduling of medical and dental appointments
- Formulation and enactment of clear treatment plan
- Education of DDHS workers and foster parents/placement agencies
- Development of best practice standard
- Support for children changing placements

# Connections for Kids Clinic

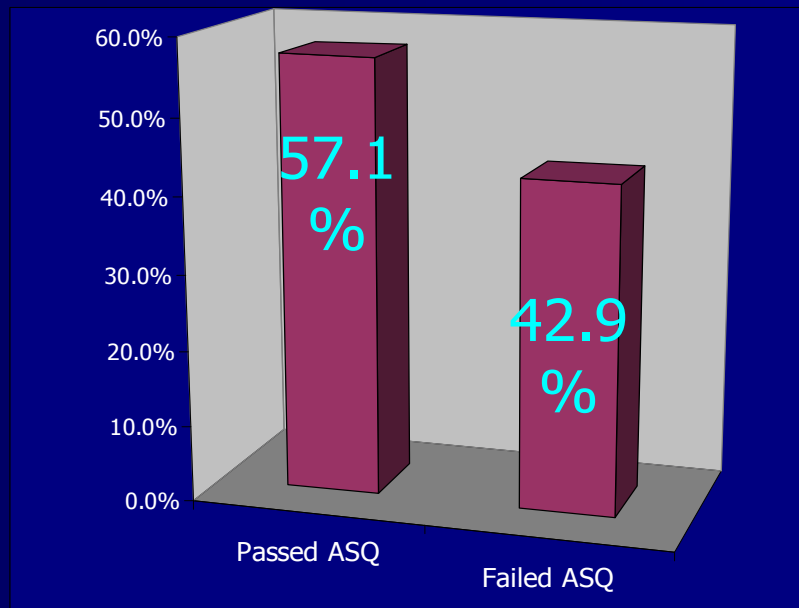
- On site Medical, Dental, Pharmacy and WIC services (allows for same day booking of medical & dental appointments, when possible)
- The clinic will see children and dispense medications without Medicaid cards
- Are able to see children once children have returned home or have aged out of the system



# Connections For Kids Clinic

- 5-6 half-days per week
- 200-250 visits per month
- Intake exams, well child and teen care, chronic illness management, acute illnesses (if convenient for foster families), family planning services
- Nurse triage, case management, immunizations and TB screening
- Biological parent participation

# Developmental Screening – ASQ



In the general population,  
10% of patients fail their  
ASQ screening

- 889 Children Under 5 years of age
- 474 Children referred
  - 312 Children referred for abnormal ASQ
  - 162 Children referred for other reasons

# Developmental Screening

- High rates of children needing early intervention evaluation and services
- Home based services under 3 years
- Early institution of services is critical
- Delay in services which require parental consent
- Services need to continue after return home, or with placement changes

# Transitions Home Or To Permanent Placement

- Age, Developmental stage of child, temperament, and child's past history all impact the transition process
- Support needed for child and both households
- Communication is key

# Court Ordered Examinations

- Effective in ensuring evaluation is obtained
- Ensure referral is appropriate for specific concern to be addressed
- Limited access to Neuropsychiatric Evaluations
- Long wait for behavioral, cognitive and some specialty evaluations

# Behavioral Health Services

- County of Residence determines service
- Placement changes may disrupt continuity of care
- Need for medication refills
- Support for foster families

# Behavioral Health Services

- DIBS – pilot project
- Collaboration between DH, DDHS, Access Behavioral Care and MHCD
- Full time behavioral health clinician
- Screens for all children
- Behavioral health care coordination

# Resources for the Court, CASAs, GALs

- Medical consultation
- Individual case discussion
- Assistance with referrals, resources



# Ongoing Collaboration and Partnerships



# Advisory Board

- DDHS representation
- Denver Health representation
- Local Pediatricians
- Kempe Children's Center
- AAP Colorado Chapter President
- Foster parents
- Caseworkers/adoption workers
- CDPHE Medical Home Initiative
- Denver Options/Early Childhood Connections

# CHALLENGES!



# Challenges

- Changes in expectations of foster parents
  - Letters to all providers to explain the change
  - Spoke to foster parent support groups
  - Joint (DH and DDHS) trainings to foster parents, Denver FPA, CSFPA, placement agencies

# Challenges

- Children placed in homes outside Denver County
- Staffing – pilot project
- Dental services
- Developmental and behavioral health services
- Collaborations/integration of two major agencies

# Overcoming Challenges

- Hired a second clerk
- Pull schedules 2 weeks prior to ARD reviews to make sure have info or track down – put together packets
- Repeated training of caseworkers
- Changed all paperwork – schedule appointments within 7 days – will call if not

# Growing Program

- Addition of kinship placements
- Other counties
- Dental grant efforts
- Sustainability
- Expansion

# Elements Needed

- Shared health information
- Trained providers
- Trauma informed system
- Navigation/care coordination/case management
- Easy access
- Coordination of physical, dental, and behavioral/developmental care



# Questions?

