



# MEDICAL AND DENTAL EXAMS FOR FOSTER YOUTH

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*May 19, 2016*

*Health Services Advisory Board Meeting*



# FOSTER CARE OVERVIEW: MEDICAL AND DENTAL SERVICES



## Authority

- State Budget Act of 1999
- Assembly Bill 1111



## Program Services

- Public Health Nurses support CWS staff and Probation officers
  - Document in the Health Education Passport (HEP)
  - Participate in interdisciplinary team conferences
  - Serve in an administrative capacity to assist with coordinating health services



## Performance Measures (PM)

- 100% of children in out-of-home placement will have:
  - Preventive health and dental exams according to the Child Health and Disability Prevention (CHDP) periodicity schedule and documented in the HEP (PM 1 & 2)
  - Initiated follow-up care for any health conditions identified on the CHDP well child exam report (PM 3)



# FOSTER CARE OVERVIEW: CHILDREN IN OUT OF HOME CARE FY 14-15



## *Placement Types (estimated 2800 children)*

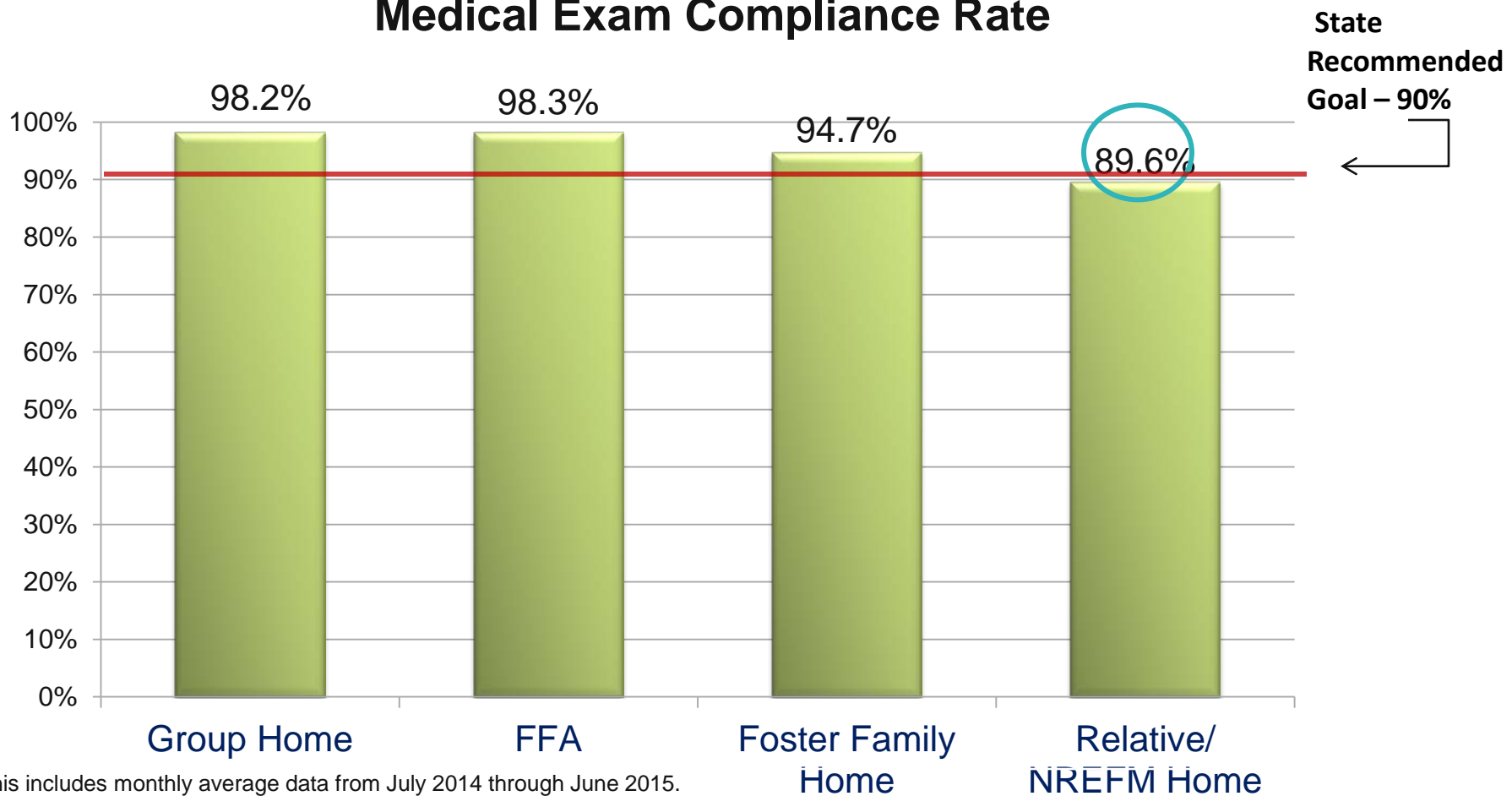
- **Relative/Kinship Caregivers: 42%**
- **Non-Relative/Kinship Caregivers: 53%**
  - Foster Family Homes (FFHs)
  - Group Homes/Foster Family Agencies (FFAs)
  - Guardian
- **Pending Adoptions/Trial Visits w/ Parents: approx. 6%**



# COMPLIANCE BY PLACEMENT TYPE FY 14-15

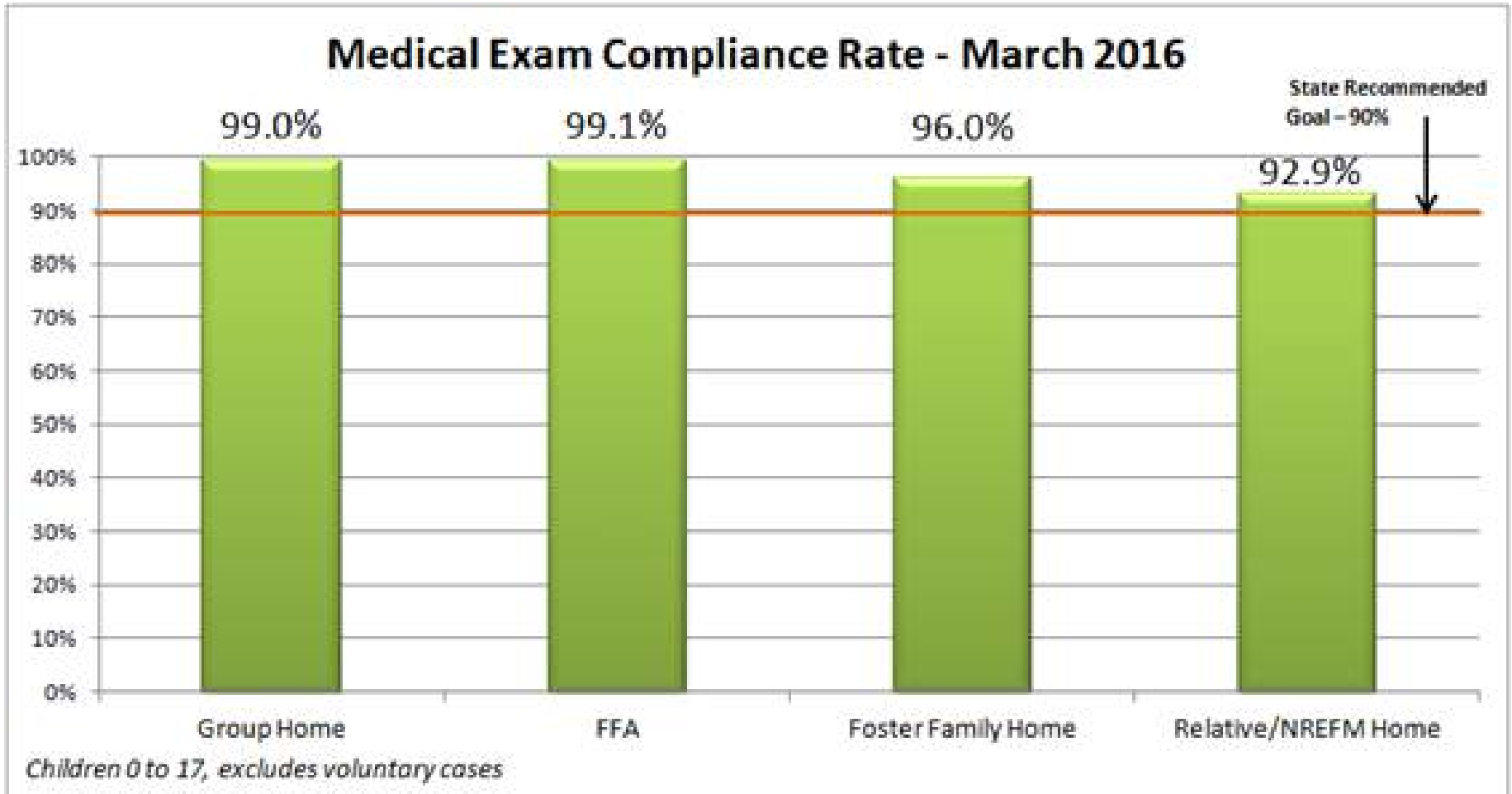


## Medical Exam Compliance Rate

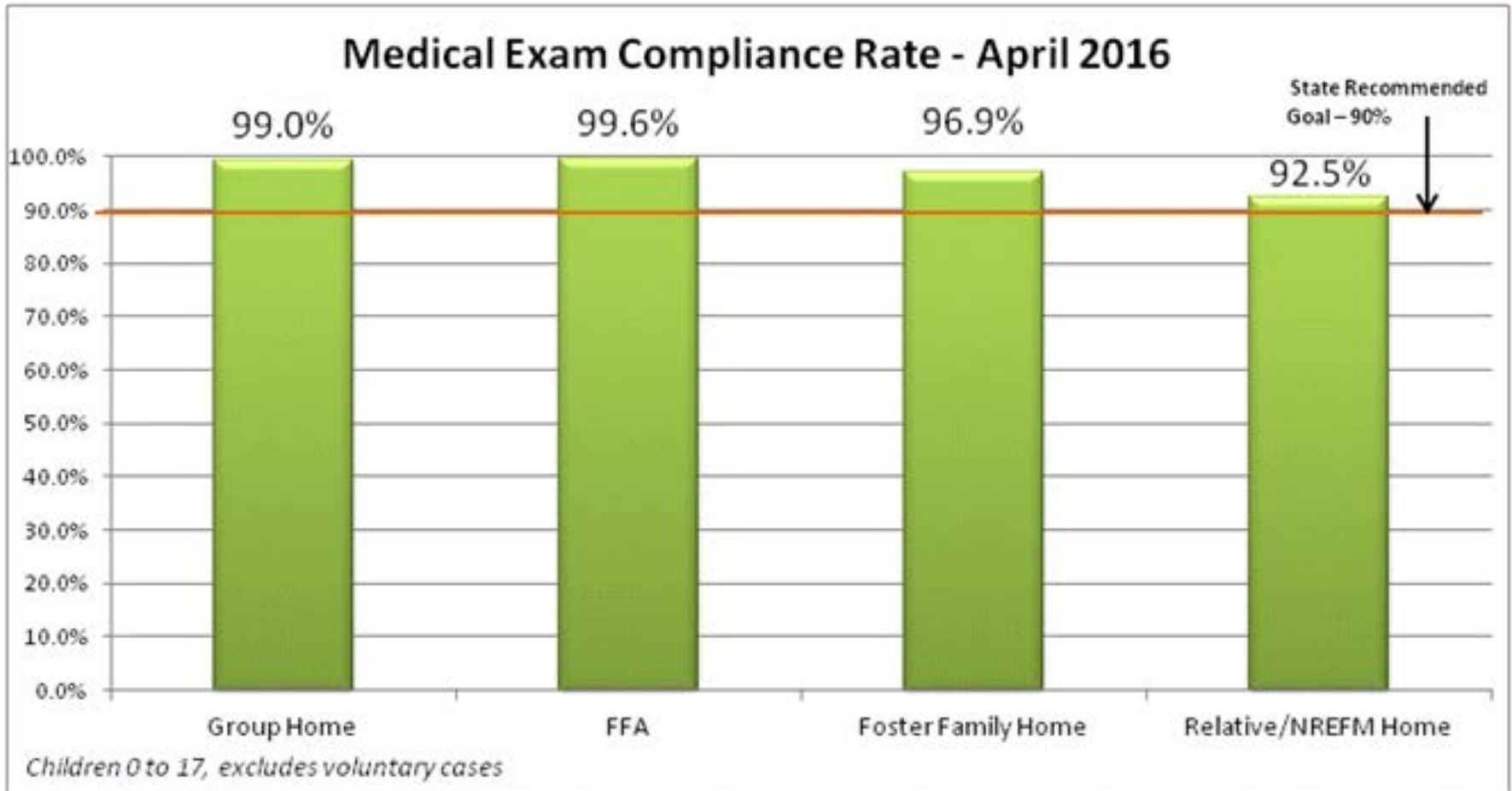


This includes monthly average data from July 2014 through June 2015.  
Data includes children up to age 18.  
Excludes voluntary cases.  
Data Source: CWS Data Unit SafeMeasures, extract date 1/22/2016.

# MEDICAL EXAM COMPLIANCE 2016



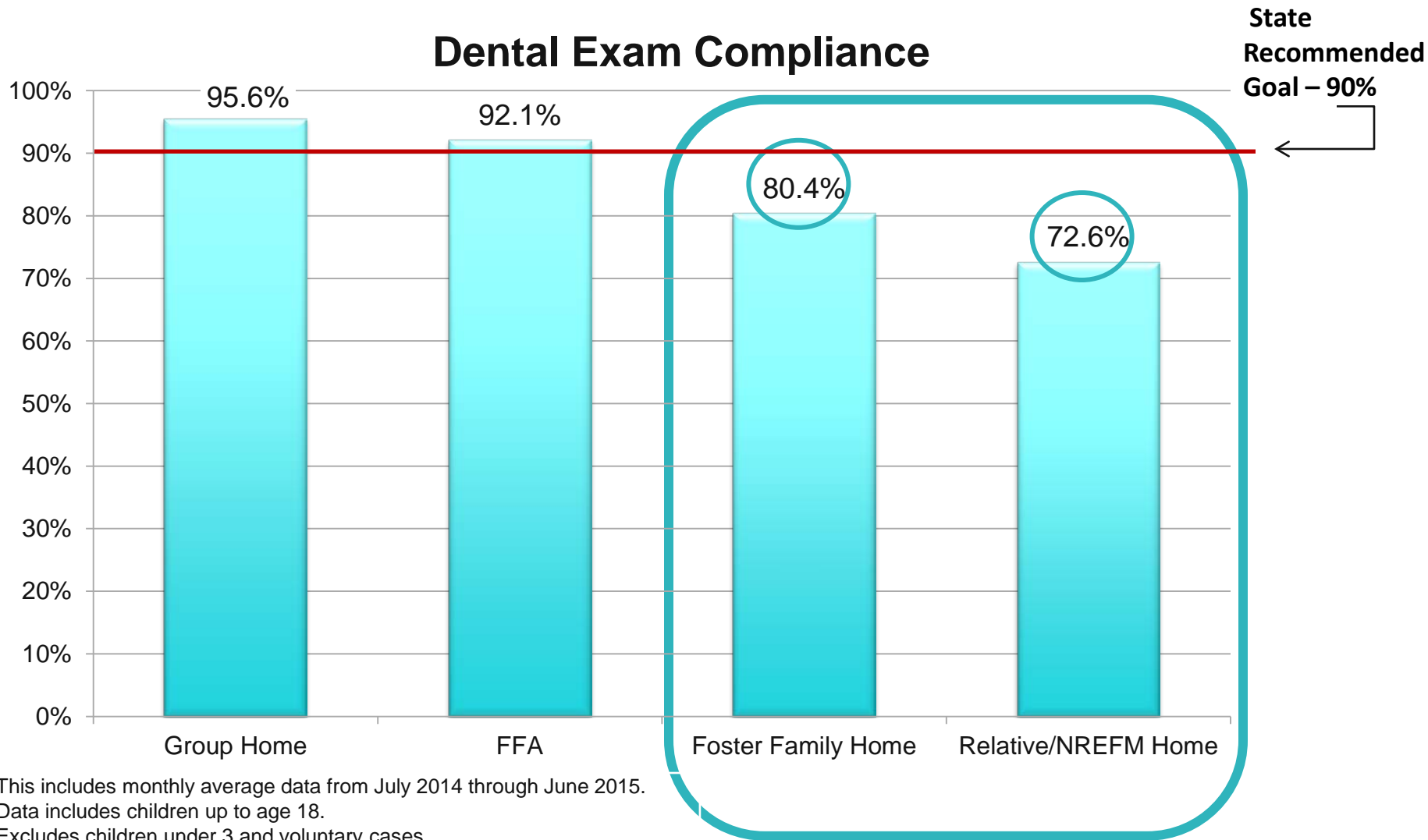
# MEDICAL EXAM COMPLIANCE 2016



# COMPLIANCE BY PLACEMENT TYPE FY 14-15

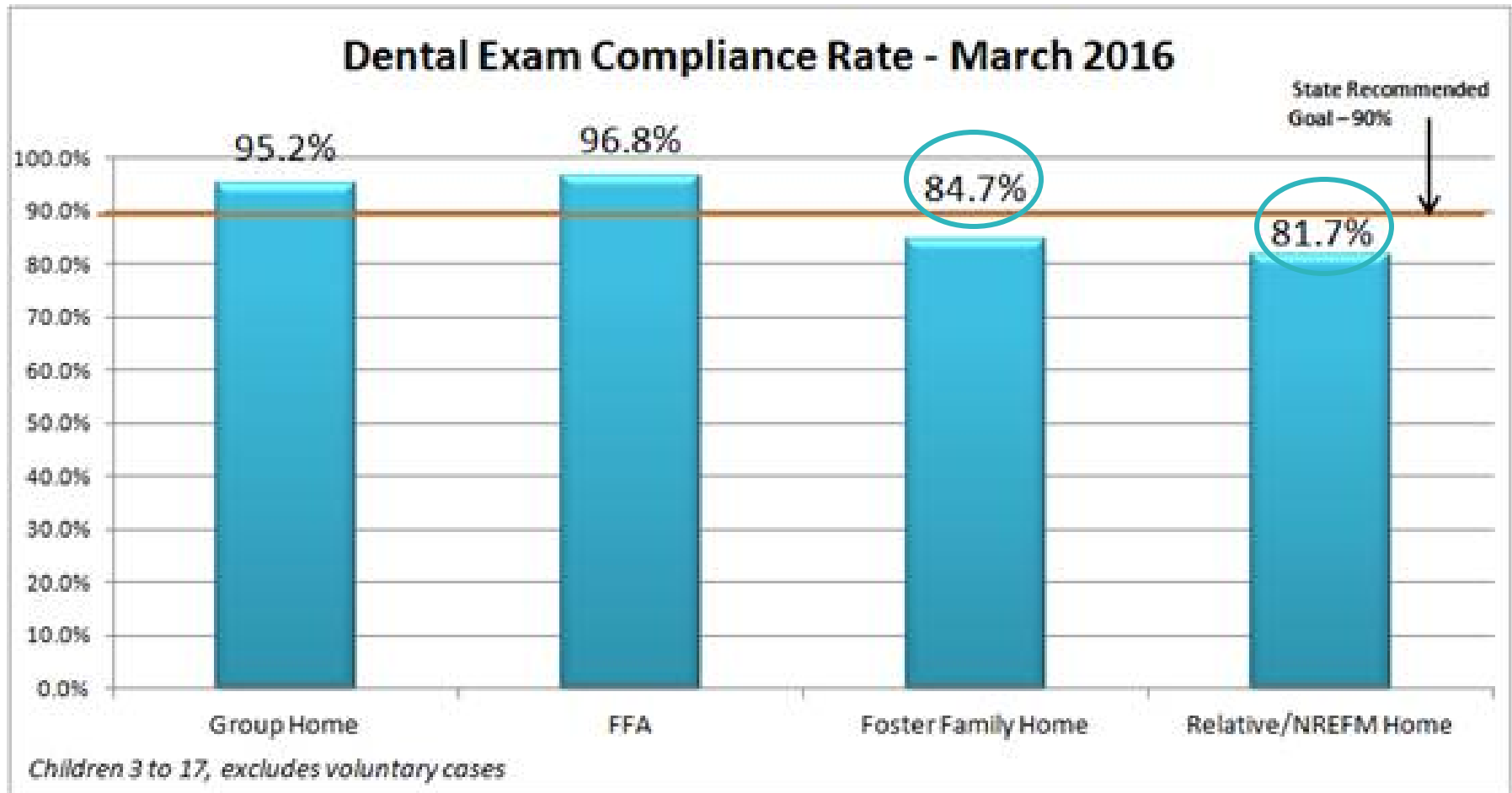


## Dental Exam Compliance



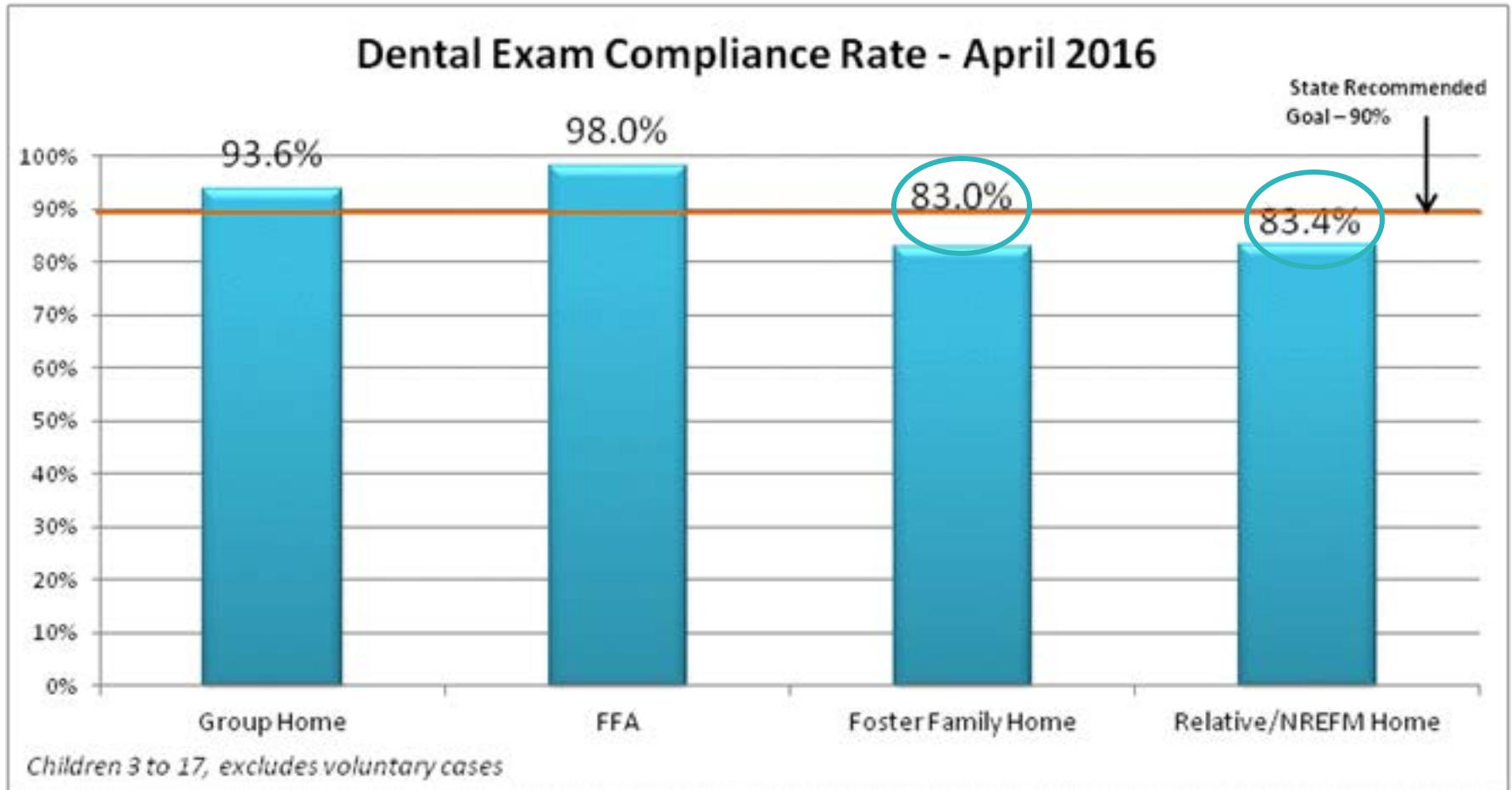
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Data includes children up to age 18.  
Excludes children under 3 and voluntary cases  
Data Source: CWS Data Unit SafeMeasures, extract date 1/22/2016.

# DENTAL COMPLIANCE 2016





# DENTAL COMPLIANCE 2016





## Successes

- Placement Type: **FFA/FFH/Group Homes**
  - Contracted or licensed
  - Embedded responsibilities
  - Training
  - Enhanced monitoring
  - Established relationships with providers
  - Institutional business practices



## Challenges

- Placement Type: **Relative Caregivers**
  - First experience
    - Child Welfare Services system
    - Medi-Cal system
  - Limited understanding of expectations
  - Managing multiple appointments
  - Submitting documents timely



## Challenges to Medical and Dental Compliance

- Coordinating medical eligibility and services of child(ren) placed with relative/kin out of San Diego County
- Children 12 or over having the ability to consent to medical care/treatment
- Completing eligibility process for undocumented children



# PROCESS BARRIERS



## Barriers

Delay in submission of forms by caregiver



Illegible documents/missing information



Difficulty in reaching caregivers to discuss HEP and forms.

Inability to have multiple users (Social Workers and PHNs) in CWS/CMS service record at the same time

Caregiver taking Health Visit Report Form (HVF) to provider office or obtaining provider signatures



## Increased and improved coordination to support caregivers

- Placement Needs and Services Plan provided to caregivers  
(Addt'l training for Social workers began Jan. 2016)
- Access to Health and Education Passport
- Health Visit Forms to record medical/dental services
- Kinship/Relative Support Meetings
- Offered Kinship/Relative Caregiver Training (Grossmont College)
- Grandparents/Relative Handbook (revised 6/2015)





## Increased and improved coordination to support caregivers

- Enhanced access to current medical and dental provider lists
- Routinely obtain input from caregivers
- Use of support staff to provide increased caregiver access of medical/dental information and required forms





## Successes

- Placement Type: **FFA/FFH/Group Homes**
- Working relationships with sites
- Coordination of care
- Staffing Vacancies: Created a rapid one-agency hiring
- Record Access: Finalized agreement with Rady's Children Hospital



## Challenges

- Placement Type: **Relative Caregivers**
- System Structure: Paper-based
  - Delay in receiving documentation
  - Delay in process

# ACTIONS TIMELINE



Explored and  
Obtain Access  
to Electronic  
Health  
Records  
**April 2015 –  
March 2016**

Conducted  
Process  
Mapping  
**Jan – Feb  
2016**

Identify,  
Implement,  
and Evaluate  
Best Practices  
**Mar – July  
2016**

Launched  
Quality  
Improvement  
Project  
**Nov 2015**

Conducted 7  
in-person  
Caregiver  
Meetings  
(2 Spanish)  
**Feb –Mar  
2016**



# ACTION STEPS/SOLUTIONS SYSTEM-WIDE



## Update and Standardize Practices

## Access to Electronic Health Records

- Obtained access to Rady's Children Hospital
- Working with Behavioral Health Services to access client records

## Increase Coordination to Support Caregivers

- Assign staff to assist relatives with navigating the Medi-Cal system
- Routinely obtain input from caregivers

## Continue to Activate Rapid Hiring

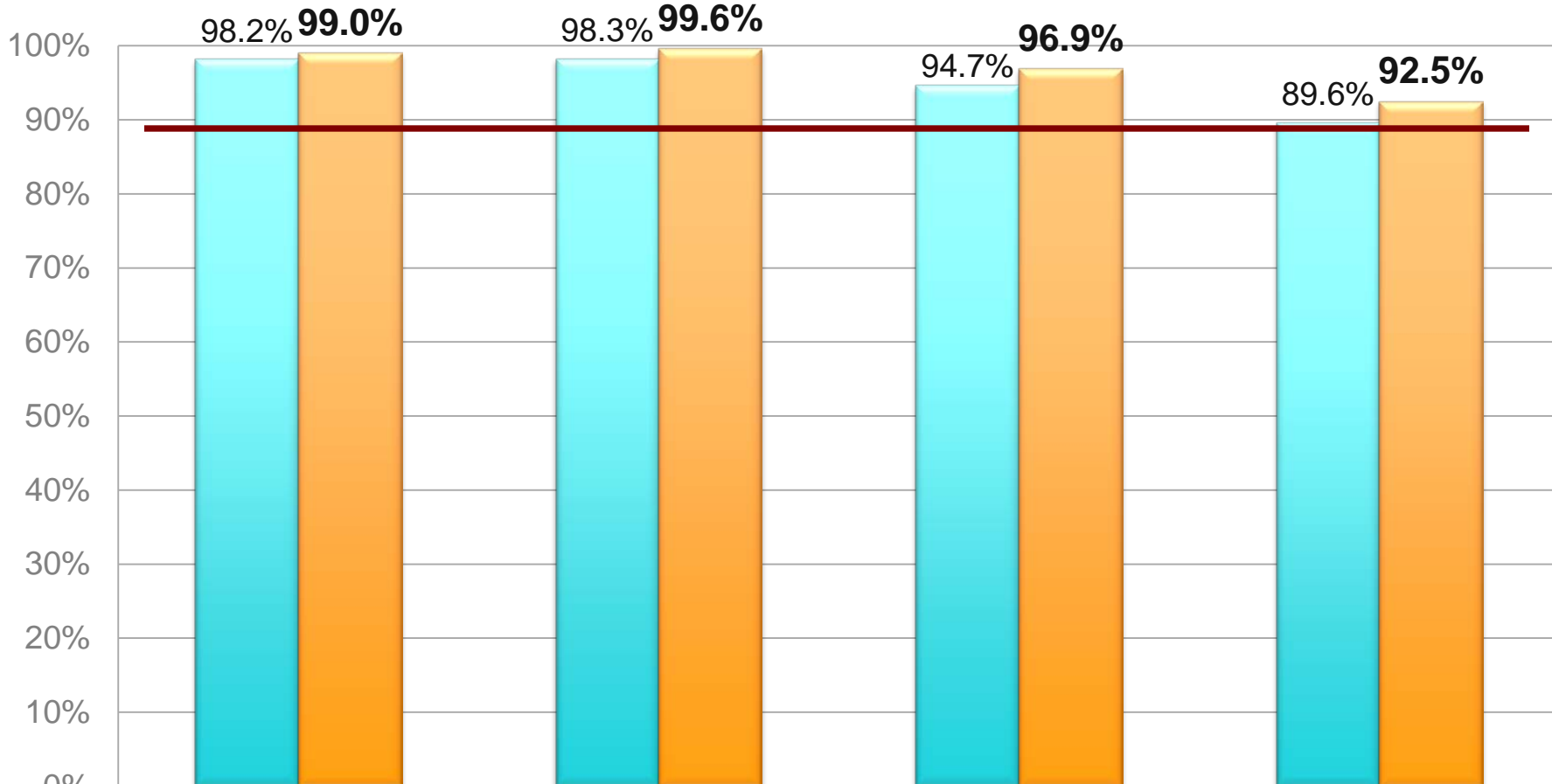
## Consistent sharing of quarterly reports for timely problem-solving

## Coordinate with dental providers to increase access/utilization to oral health services

# OUTCOME DATA



## Medical Exam Compliance Rate

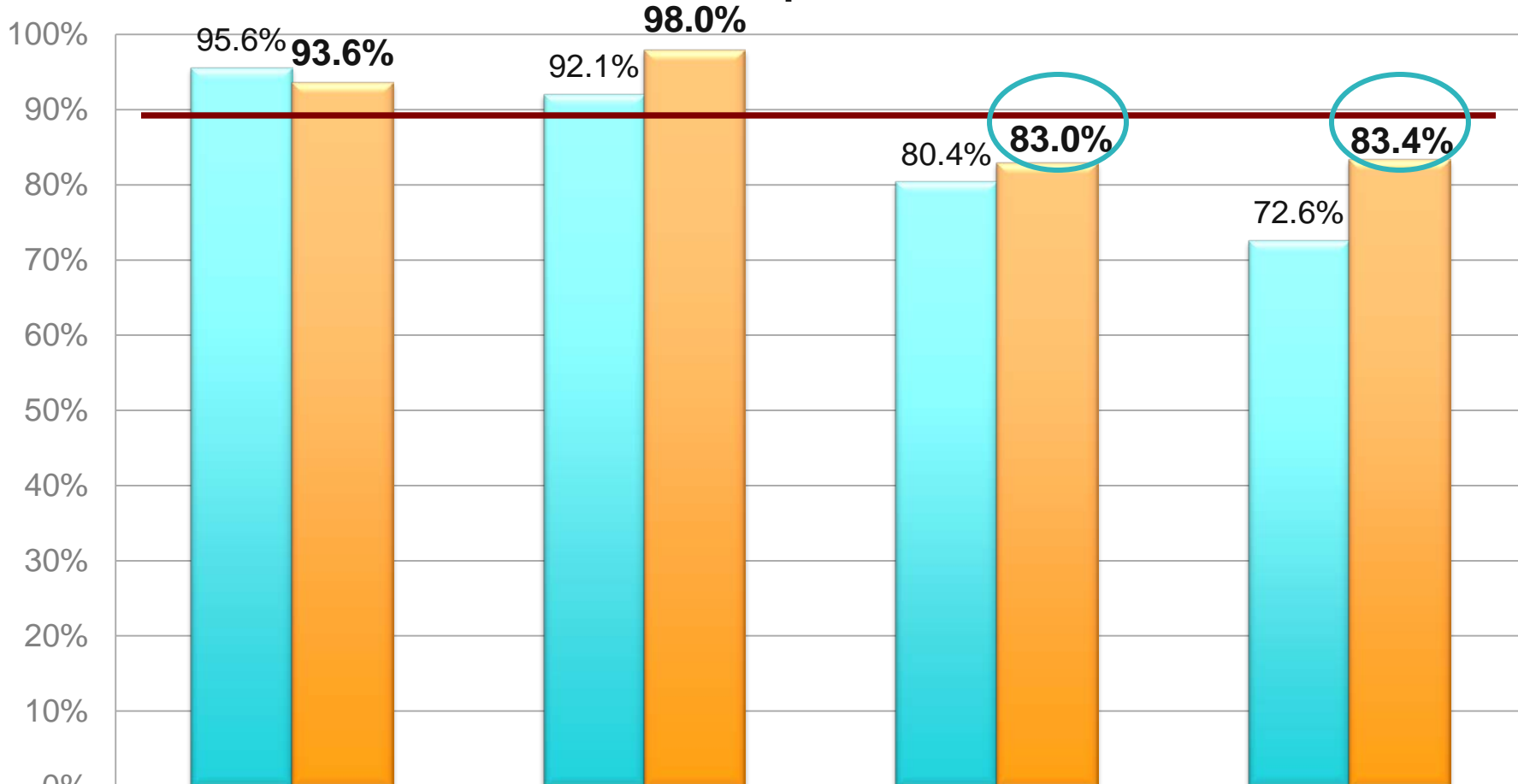


	Group Home	FFA	Foster Family Home	Relative/ NREFM Home
FY 14/15	98.2%	98.3%	94.7%	89.6%
Apr-16	99.0%	99.6%	96.9%	92.5%

# OUTCOME DATA



## Dental Exam Compliance Rate



	Group Home	FFA	Foster Family Home	Relative/ NREFM Home
FY 14/15	95.6%	92.1%	80.4%	72.6%
Apr-16	93.6%	98.0%	83.0%	83.4%

# NEXT STEPS



Complete continuous quality improvement project by July 30, 2016

