

Centers of Excellence for Children in Foster Care

health

share

Health Share of Oregon

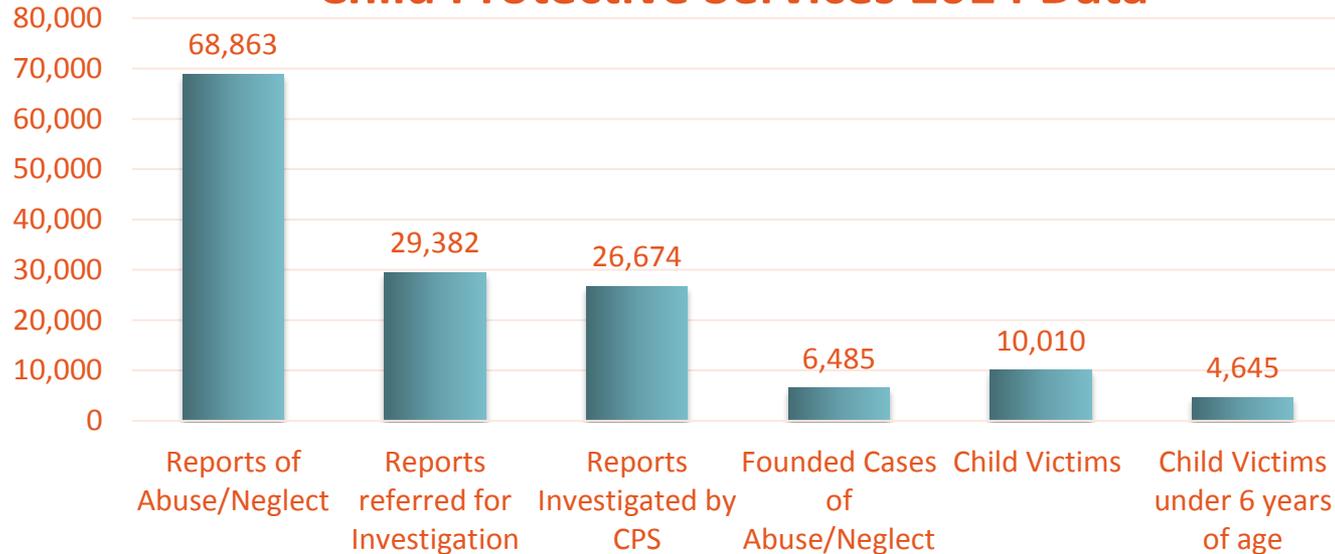
Key Messages

1. Children in foster care have experienced significant trauma by definition
2. Children in foster care have specialized health needs from the health care system, beyond typical care
3. Foster Care Medical Homes are providing care differently

Exposure to Abuse, Neglect, Trauma

Child Abuse and Neglect in Oregon

Child Protective Services 2014 Data

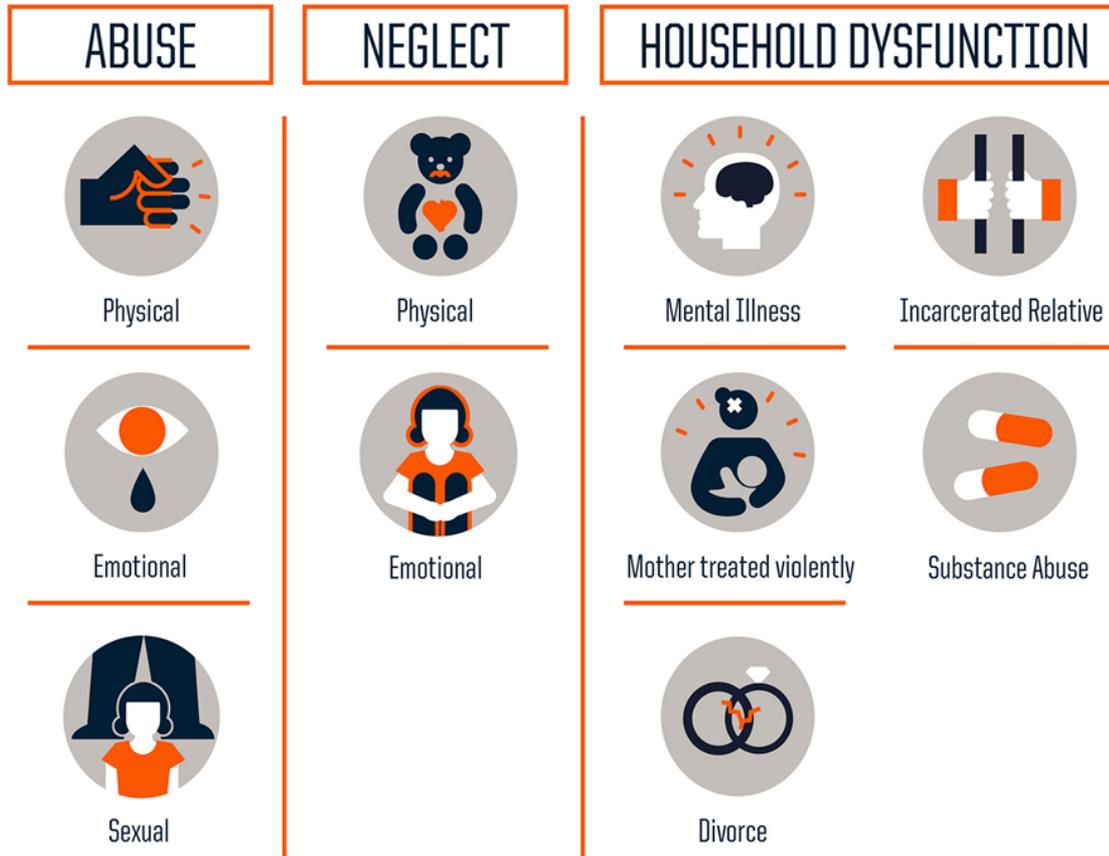


Reasons for Removal in Oregon

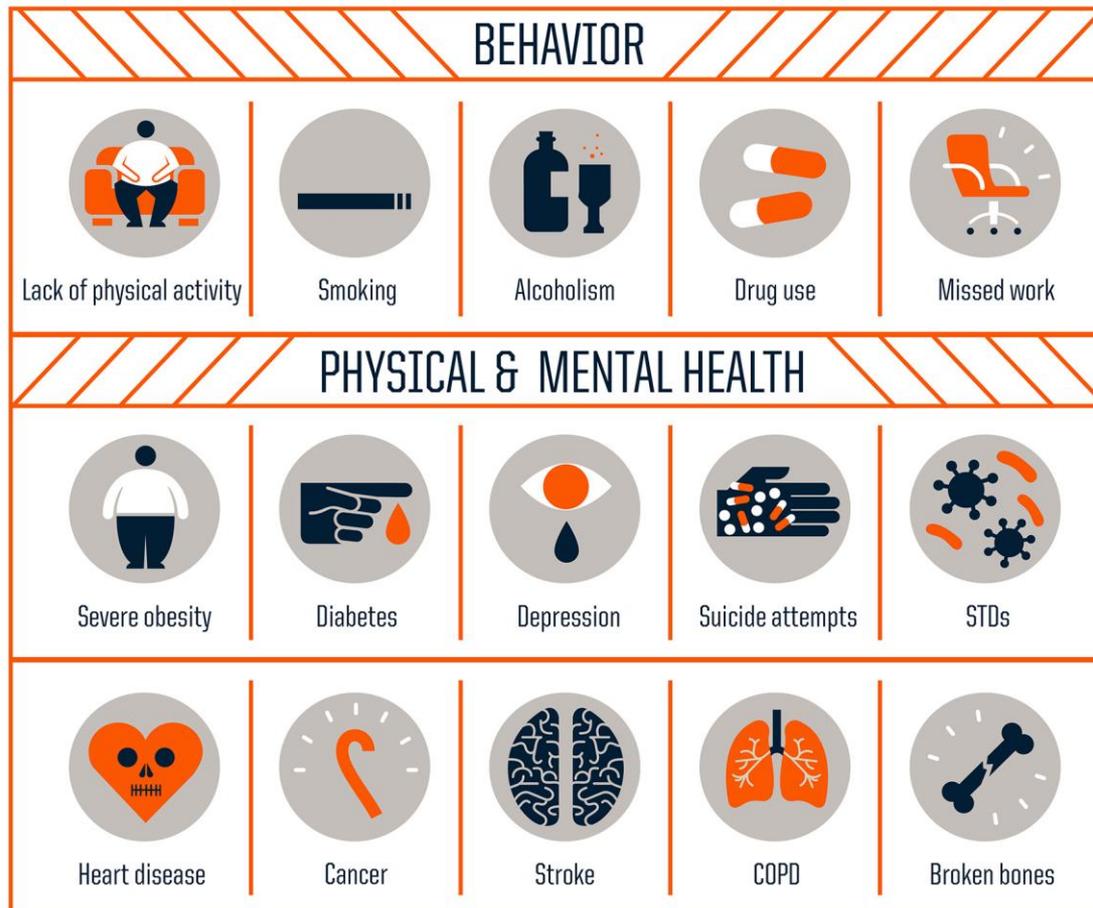
Oregon Child Welfare Data Book 2014

Reason for Removal	Number	% of Entrants
Neglect	2229	64.3%
Parent Drug Abuse	1587	45.7%
Inability to Cope	499	14.4%
Incarceration of Parent	426	12.3%
Inadequate Housing	464	13.4%
Physical Abuse	402	11.6%
Parent Alcohol Abuse	312	9.0%
Child's Behavior	280	8.1%
Abandonment	114	3.3%
Sexual Abuse	166	4.8%
Child Drug Abuse	70	2.0%
Child's Disability	48	1.4%
Child Alcohol Abuse	23	0.7%
Death of Parent	15	0.4%
Relinquishment	25	0.7%
Total Number of Foster Care Entrants	3469	-

Adverse Childhood Experiences (ACEs)



Adverse Childhood Experiences (ACEs)



Special Health Care Needs

Complex Medical Needs

Foster Children are considered by AAP to be Children and Youth with Special Health Care Needs (CYSHCN)

Maternal and Child Health Bureau Definition of CYSHCN:

“Children who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

Mental Health

83% of youth in foster care received at least one mental health diagnosis



Adults who have been in Foster Care suffer PTSD rates at twice the rate of US Combat Veterans.

Physical Health

55% of young children entering the foster care system have 2 or more chronic conditions



25% have 3 or more chronic conditions

Most Common: skin conditions, asthma, anemia, malnutrition, manifestations of abuse.

Dental Health

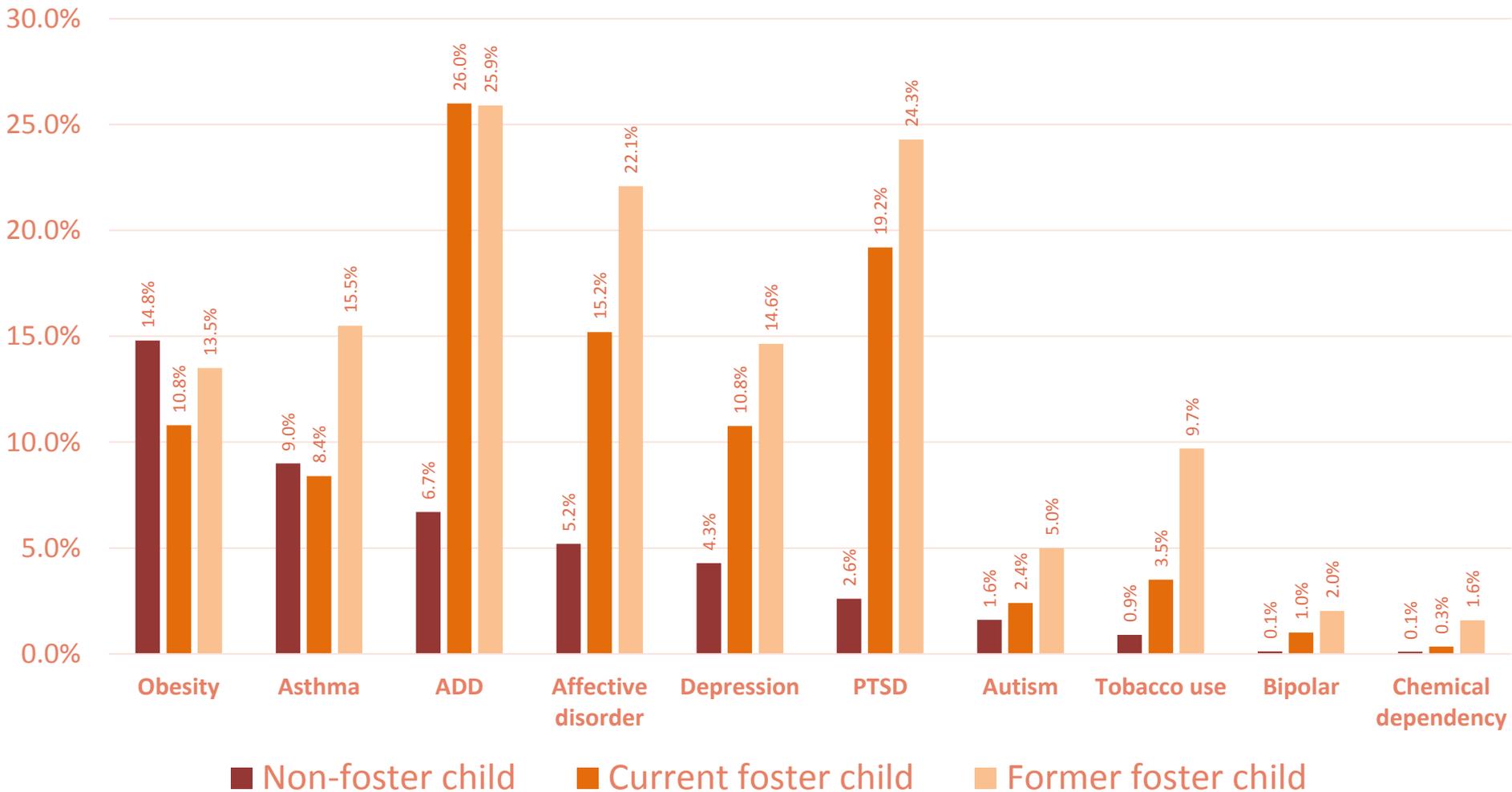
35% of children enter foster care with significant dental and oral health problems



Studies have demonstrated an association between poor oral health and increased rates of periodontal diseases, diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.

SPARC, *Medicaid and Children in Foster Care*, March 2013
National Institute of Dental and Craniofacial Research

Chronic Conditions in Children 13-18

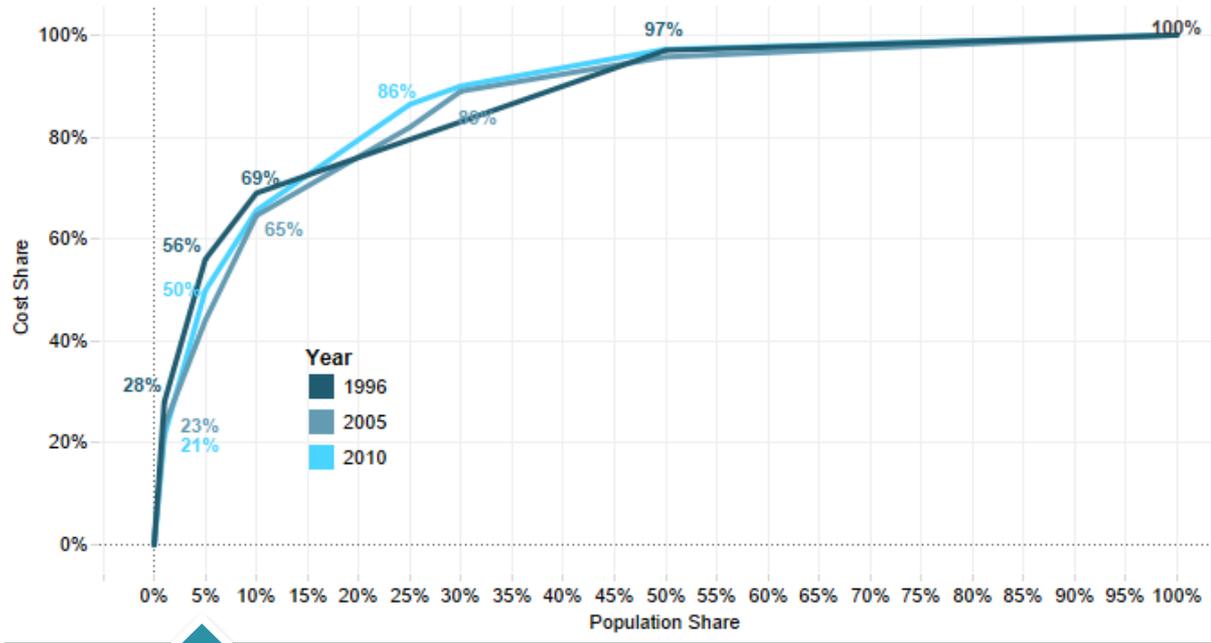


Health Care Challenges

- Foster Children enter care with multiple unmet health care needs
- Health histories and records are often incomplete or unknown
- Access to care is hindered by rule, policy, and practice
- Health Care Systems struggle to identify foster children
- Caregivers have limited support or training around the complex health needs
- Foster children experience multiple changes in providers and caregivers
- Prioritizing Care often dependent on crisis
- Diffused authority between foster parents, court, DHS, bio-parent
- Coordination of health care needs is critical but frequently absent
- High rate of psychotropic medication use (4x that of other children on Medicaid)

“High Utilizers”

Concentration of Healthcare Spending in the US Population



5% of the population
uses 50% of the
dollars

The Adverse Life Events Study

	High utilizers	Not high utilizers
Experienced childhood neglect	88%	40%
Had a parent or family member with a substance use disorder	41%	13%
Had unmet basic needs	40%	0
Experience physical abuse	38%	33%
Witnessed adult interpersonal violence	27%	20%
Were separated from their parents	25%	27%

Building a Coordinated System

American Academy of Pediatrics

- ❑ Medical homes with high quality health care
- ❑ Prioritized access and higher frequency of visits
- ❑ Providers with experience working with victims of abuse, neglect, and complex trauma
- ❑ Health professionals with experience or training in all aspects of the foster care system
- ❑ Health professionals who understand the impacts of foster care on children and families
- ❑ Close collaboration with child welfare partners
- ❑ Health care professionals who will assume responsibility for the health outcomes of the population, and advocate on their behalf
- ❑ Cultural competence in health care delivery

AAP, *Fostering Health: Health Care for Children and Adolescents in Foster Care*

The Foster Care Advanced Primary Care Collaborative

October 2015 – September 2016

Exploring the Foster Care Medical Home Model

Participating Clinic/Clinic Systems:



**RANDALL CHILDREN'S
HOSPITAL**
LEGACY EMANUEL

Hillsboro Pediatric Clinic LLC



Doernbecher Children's Hospital



**MULTNOMAH COUNTY
HEALTH DEPARTMENT**



**KAISER
PERMANENTE®**



Health Share of Oregon

APC Steering Committee

Organizations/Systems

Randall Children’s Clinic	DHS Districts 2, 15, and 16
OHSU	DHS Central Office
Kaiser Permanente	Oregon Judicial Department
Providence	Department of Community Justice
Hillsboro Pediatrics	CARES NW
Calcagno Pediatrics	Kinship House
MCHD	Morrison Child and Family
Health Share of Oregon	Youth Contact
Family Care	Governor’s Advocacy Office
CareOregon	Centennial School District
Mindsights	Early Learning Division
Foster Parents	Adoptive Parents

APC Learning Sessions

LS #1 – November 18, 2015 – A Critical Population, Identifying/Tracking

LS #2 – January 20, 2016 – DHS Structure and Function, Care Coordination

LS #3 – March 16, 2016 – Children's Mental Health and Wraparound

LS #4 – May 18, 2016 – The Biopsychosocial and Developmental Impacts of Early Life Trauma

LS #5 – July 20, 2016 – Dental Care Delivery, Identifying Abuse and Neglect

LS #6 – September 21, 2016 – The Lived Experience of Foster Care

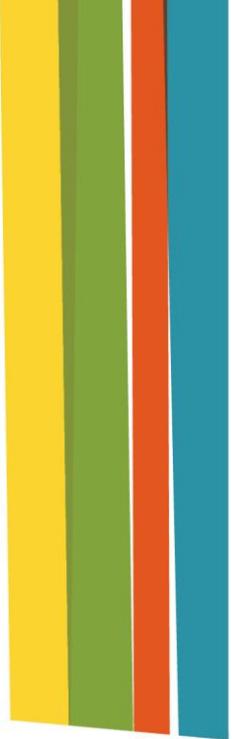
Core Elements of a Foster Care Medical Home Model

- ✓ Identification, Tracking, Monitoring
- ✓ Specialized Care Coordination
- ✓ Parent/Provider Education
- ✓ Aligned with AAP Guidelines
- ✓ Connected to Community Resources and Referral Options
- ✓ Integrated Mental Health and Oral Health
- ✓ Transition Support

Next Steps

- Evaluation
- Sustainable Funding
- Integration

Together
we are



health

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