



# The DHS Assessment Metric & Health Care for Children in Foster Care in the Tri-County

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Bobby Martin, Foster Care Systems Manager

October 14, 2019



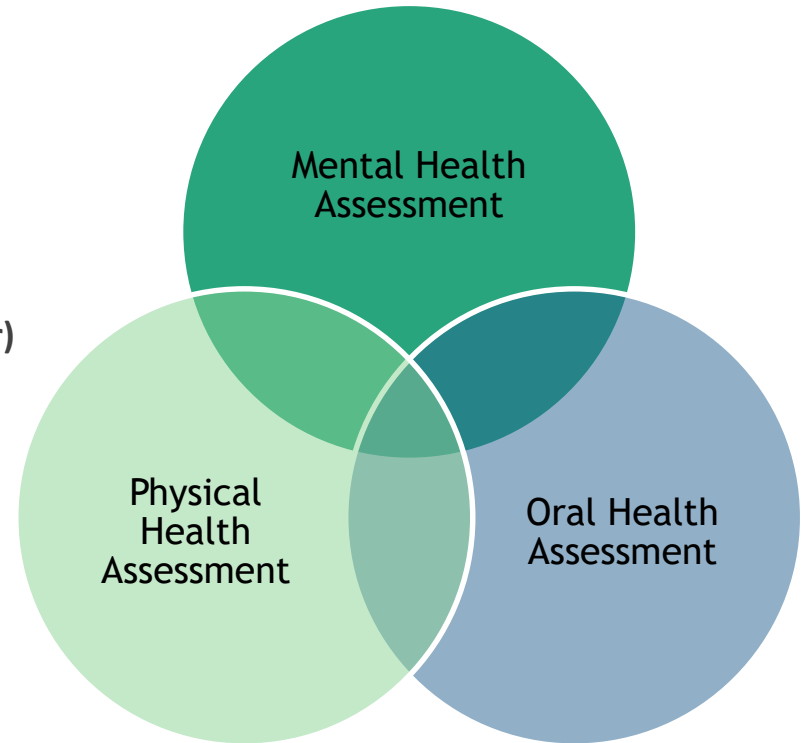
# The DHS Metric

This Metric requires that when a child enters DHS custody and is placed in foster care, they must receive:

- ✓ a **physical health assessment**
- ✓ a **dental health assessment (for youth 1 year and over)**
- ✓ a **mental health assessment (for youth 4 years old and over)**

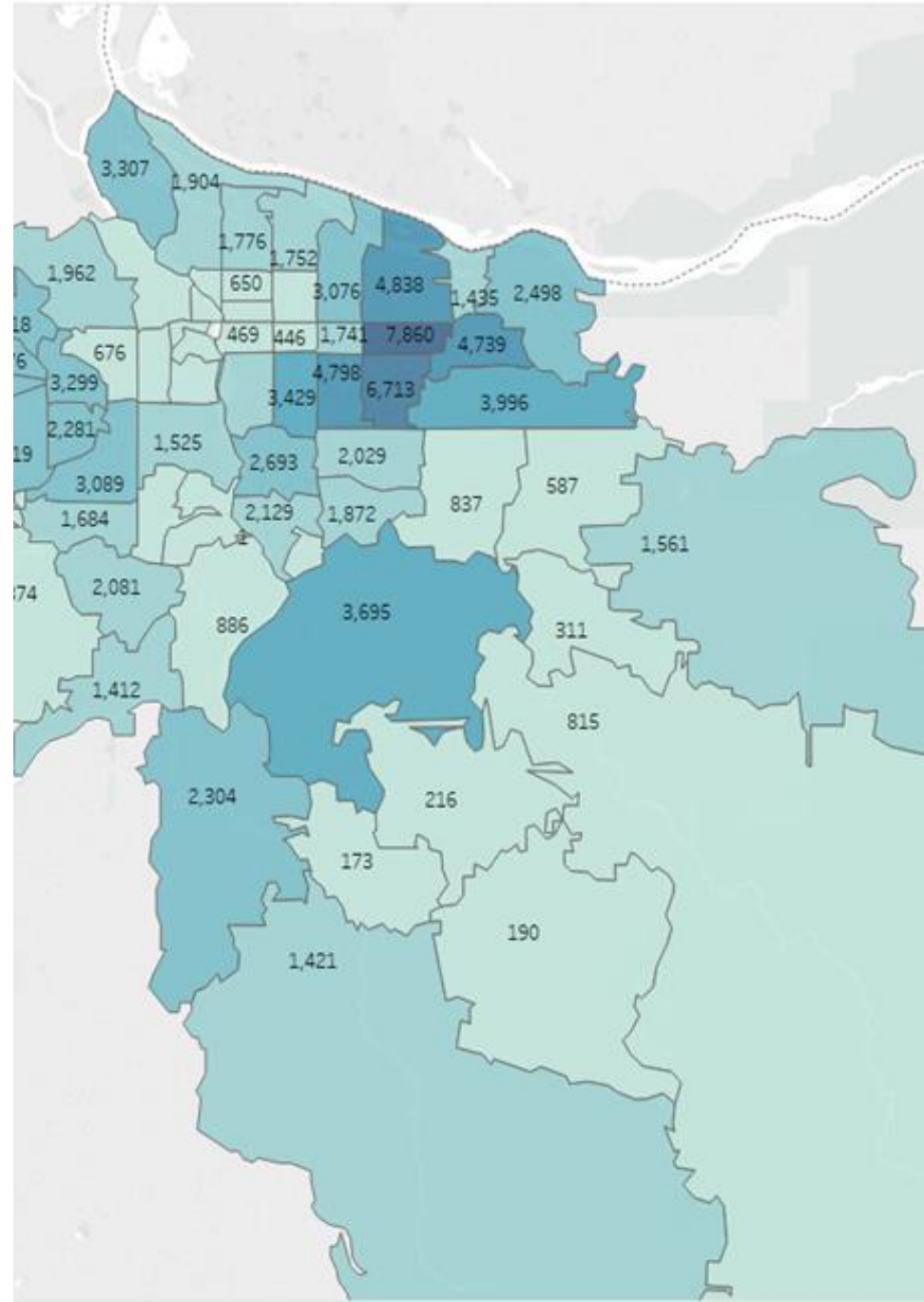
Each assessment must be completed within 60 days of OHA notifying the CCO that the child has entered care.

This OHA/CCO incentive measure complements the existing DHS Child Welfare OAR, requiring DHS obtain medical and dental assessments for youth who have entered care within the first 30 days of care, and a mental health assessment within 60 days.



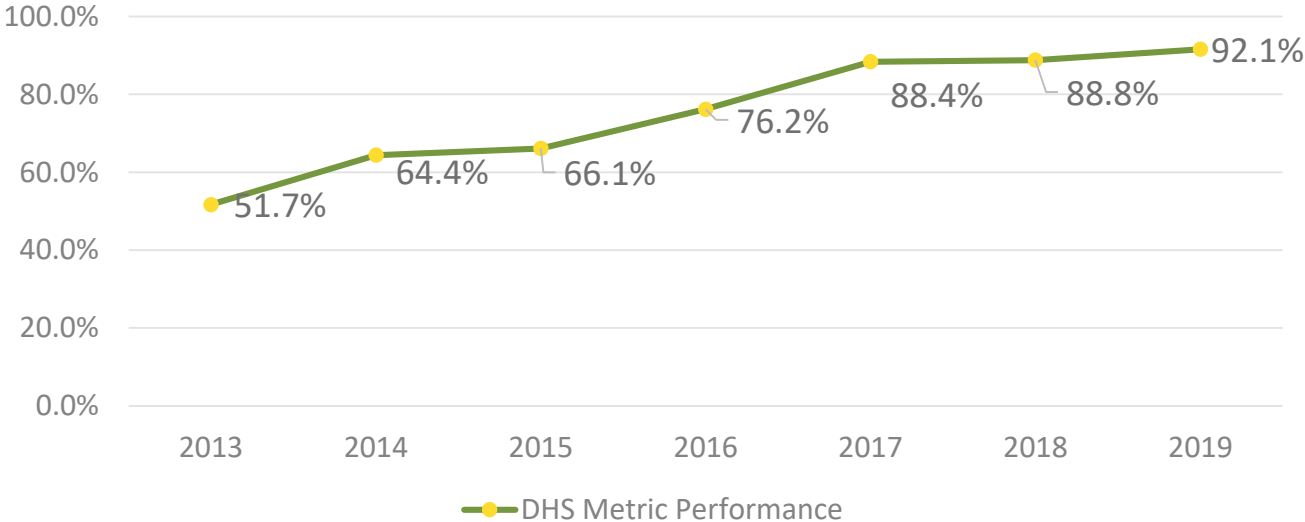
# Health Share's Landscape

- 3 DHS Districts (D2, D15, D16)
- 8 DHS Branches
- 12 Health Plans (3 MH, 4 PH, 5 DH)
- 3 Counties (Clackamas, Multnomah, Washington)
- 500 members meet metric eligibility
- 1000 children enter foster care
- 6000 potential assessment providers



# Performance Trend

Health Share DHS Metric Performance



	2013	2014	2015*	2016	2017	2018	2019**
Performance	51.7%	64.4%	66.1%*	76.2%	88.4%	88.6%	91.6%**

\*first year with addition of dental assessments \*\*Internal projection through 10/7/19

# Keys to Achieving Benchmark

Referral Manager	Plan Leads	DHS Medical Liaison	RAPID Assessment
<p>The web-based care coordination platform (PHTech) allows information sharing and coordination between plan leads and child welfare, allows for agility in addressing numerous challenges, and tracks status and performance across plans.</p>	<p>Health Share convenes plan leads monthly to support metric processes, ensure common understanding, review performance, share strategies, provide internal metric expertise for each plan partner. BH plan leads meet monthly in each county with child welfare staff and primary MH assessment providers.</p>	<p>The CCO funded position shares critical contact information (foster parent, caseworker, certifier) with CCO and plan leads, verifies eligibility status, and problem solves case specific barriers in the referral manager. Additionally the ML attends monthly plan lead meetings, monthly DHS/MH/Provider meetings, and recommends DHS process improvements.</p>	<p>The enhanced assessment meets metric mental health assessment requirement for all children entering through Multnomah County.</p>

# Communication Pathways

➤ Monthly DHS/CCO/Provider Meetings in each DHS District

- Partner updates
- County performance review
- Workflow adjustments
- Urgent needs / Case reviews
- Other priorities

➤ Monthly CCO Plan Lead Meetings

- Plan/CCO performance review
- Process improvement agreements
- Care management strategies
- Broader initiative/system updates

➤ Continuous problem solving and coordination

- Contact information sharing
- Metric specification clarification
- Problem solving
- Status updates

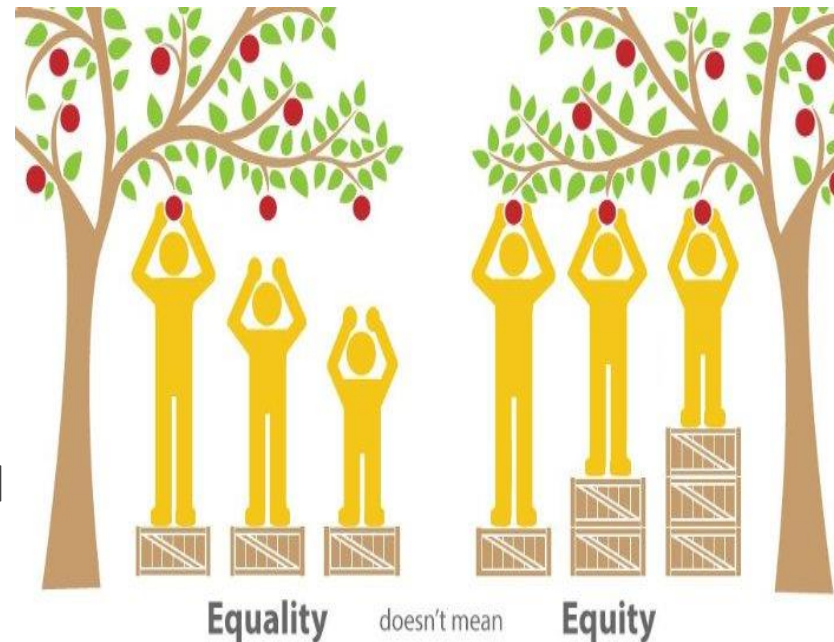
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PLAN ASSESSMENT COMPLETE	PLAN ASSESSMENT RATE	ALL ASSESSMENTS COMPLETE	OVERALL METRIC RATE
305	95.6%	288	90.3%
69	89.6%	63	81.8%
74	98.7%	68	90.7%
11	84.6%	11	84.6%
93	96.9%	90	93.8%
58	100.0%	56	96.6%
311	97.5%	288	90.3%
211	97.7%	194	89.8%
39	100.0%	35	89.7%
46	97.9%	44	93.6%
15	88.2%	15	88.2%
308	96.6%	288	90.3%
66	98.5%	58	86.6%
152	98.1%	144	92.9%
90	92.8%	86	88.7%
		288	90.3%

# Lessons Learned

1. Health care as usual falls short for foster children
2. The work is complex and loaded with barriers (and solutions!)
3. Relationship with DHS partners is critical and must be bigger than a metric
4. Best practices exist and can be replicated
5. We've still got a lot of work to do
6. Know your why



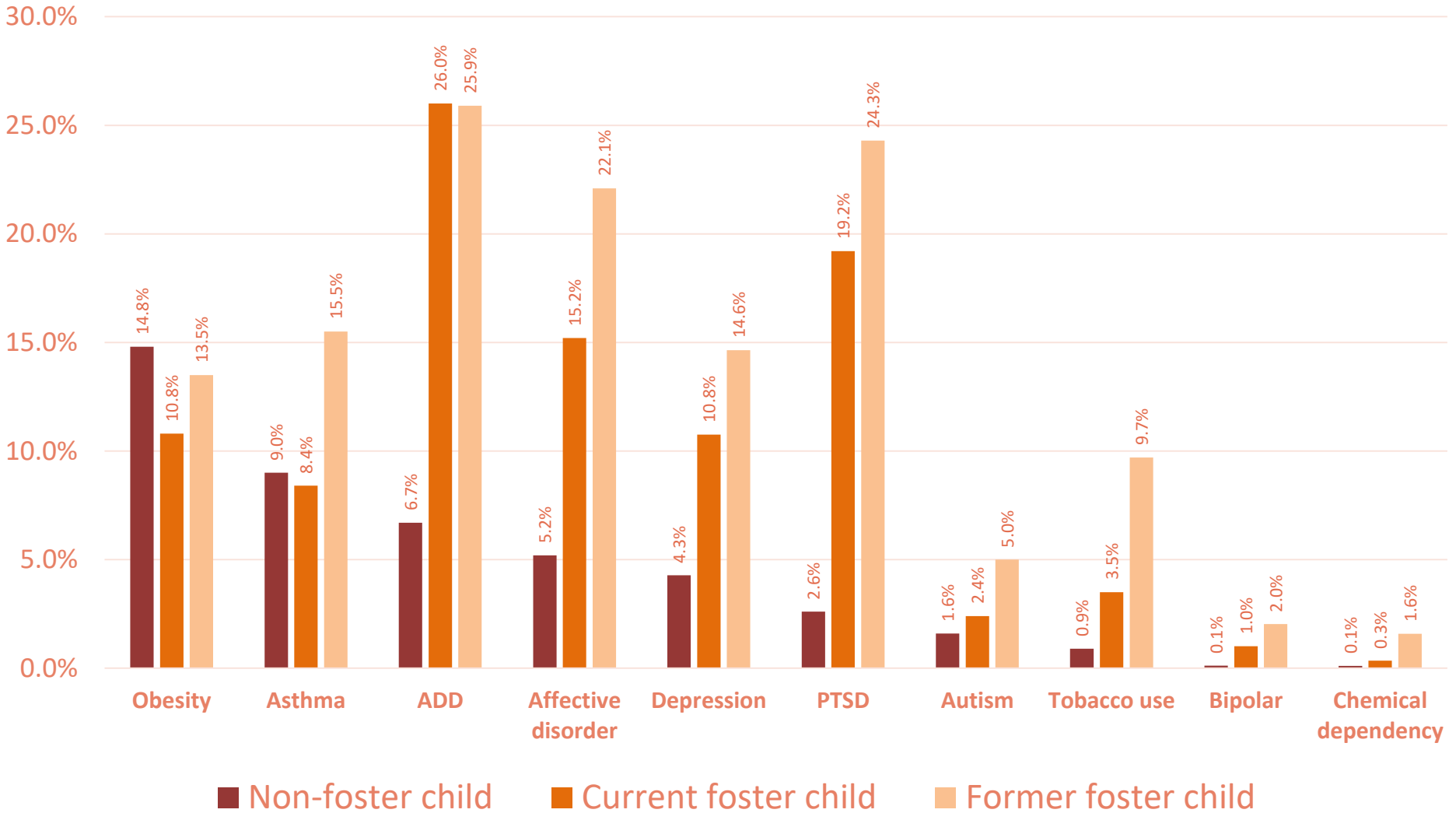
## Why Foster Kids?

1. Children in foster care have experienced significant trauma by definition; trauma impacts health and development
2. Children in foster care have specialized needs from the health care system, beyond typical care
3. The experience of trauma plays out over the life course

Most Common ACEs	SUMS
Parent Substance Abuse	65.3%
Neglect	49.2%
Bio Parents Not Together	48.1%
Domestic Violence	46.6%
Absentee Parent	35.5%
Parent MH +/-or Anger Mgmt	31.6%
Parental Incarceration/Crim. Conviction	29.1%
Exposure to Unsafe Persons	23.8%
Physical Abuse	23.0%
Homelessness/Unstable Housing	22.1%
	N=547



# Chronic Conditions Children 13-18



# Foster Care

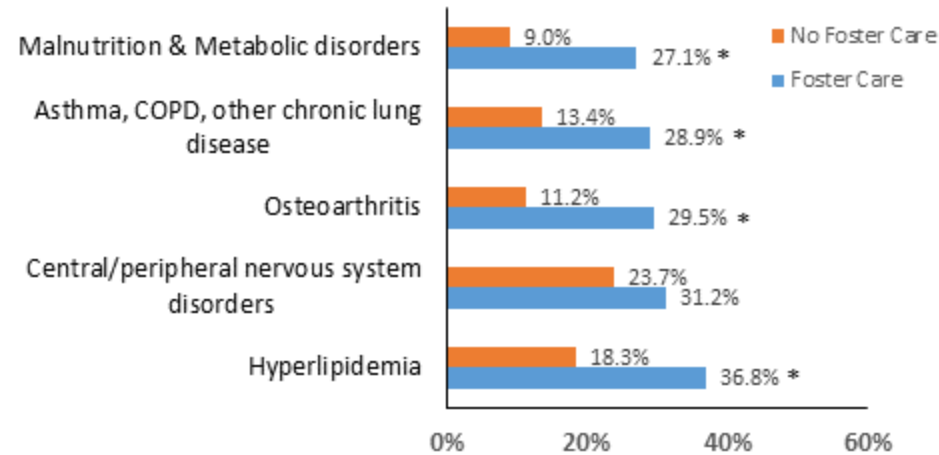
## Life Course Experiences, Health, and Health Care October 2017

*“I think being in foster care is traumatic. And I think it stays with you for the rest of your life.”*

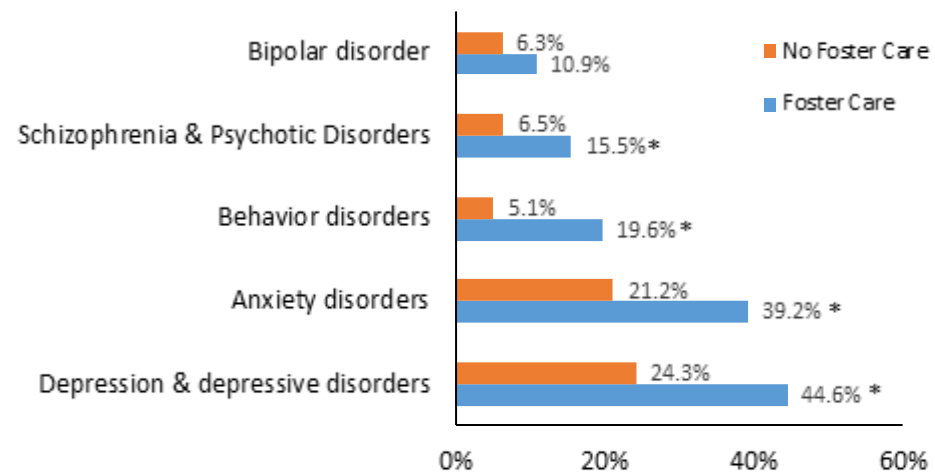
- Former Foster Youth

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### Physical Health Diagnoses

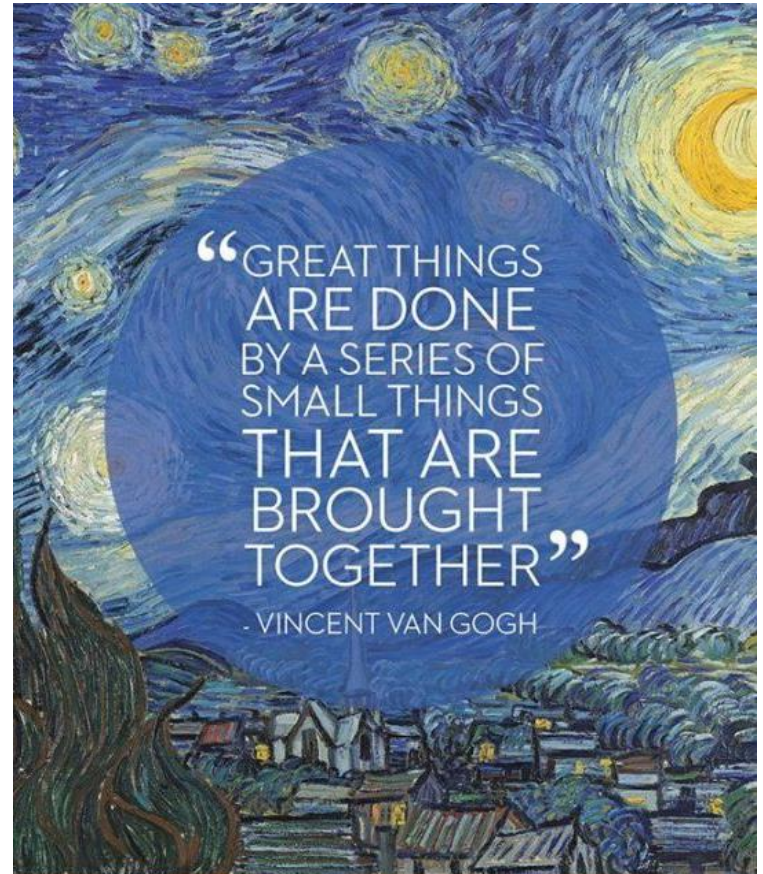


### Behavioral Health Diagnoses



# Health Share of Oregon's Foster Care Initiative

- Foster Care Systems Manager
- The DHS Metric
- Referral Manager
- DHS Medical Liaison Positions
- Foster Care Medical Homes
- RAPID Assessment
- Foster Care CME event
- The Foster Care Study
- Policy Advocacy
- Education and Training



# Foster Care Systems Manager

Subject Matter Expertise

Foster Care Strategic Plan Management

Children's System of Care Site Lead

Wraparound Site Lead

Policy tracking and advising

Strategic Partnerships

Community Engagement

DHS Metric Support

# Core Elements of a Foster Care Medical Home

- 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



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**Clackamas Co.**

- DHS**
- **North Clackamas**  
16440 SE 82nd Drive  
Clackamas OR 97015
  - **Oregon City**  
315 S. Beaver Creek Rd  
Oregon City, OR 97045

**Complex Care Management**  
**Kaiser - Mt Scott**  
9800 SE Sunnyside Rd  
Clackamas, OR 97015

**Metro Pediatrics**  
**Happy Valley**  
9300 SE 91st Ave. Ste. 200  
Happy Valley, OR 97086

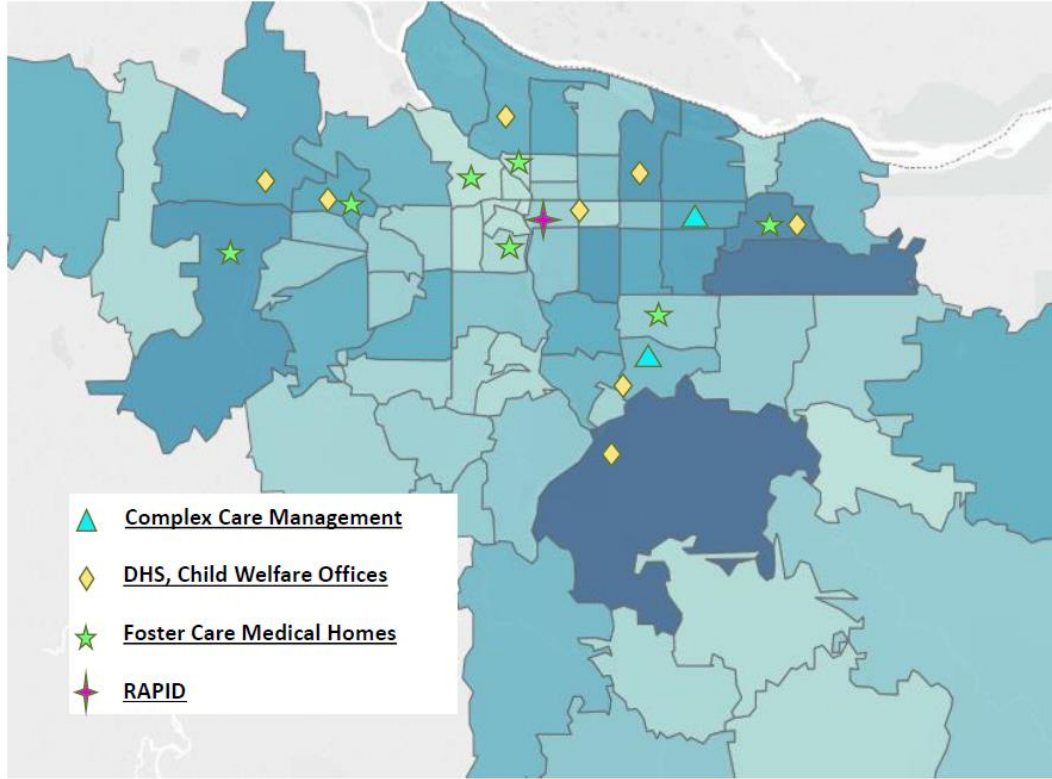
**Washington Co.**

- DHS**
- **Beaverton**  
15425 NW Greenbrier Pkwy.  
Beaverton, OR 97006
  - **Hillsboro**  
5350 NE Elam Young Pky.  
Hillsboro, OR 97124

**FCMHs**  
**Metropolitan Pediatrics**  
**Beaverton**  
15455 NW Greenbrier Pkwy. Ste. 111  
Beaverton, OR 97006

**Hillsboro Pediatric Clinic**  
**Main St.**  
445 E Main Street  
Hillsboro, Oregon 97123

**FCMH Network of Excellence**



**RAPID**  
**Mindsights**  
516 SE Morrison St. Ste. 400  
Portland, OR 97214

**Multnomah Co.**

- DHS**
- **Alberta**  
30 N. Webster St., Ste. D  
Portland, OR 97217
  - **East**  
1826 NE Glisan St.  
Portland, Oregon 97220
  - **Gresham**  
355 NW Division  
Gresham, OR 97030
  - **Midtown**  
1425 NE Irving St., Ste. 400  
Portland, OR 97232

**Complex Care Management**  
**Kaiser - Rockwood**  
19500 SE Stark St,  
Portland, OR 97233

**FCMHs**  
**Metropolitan Pediatrics**

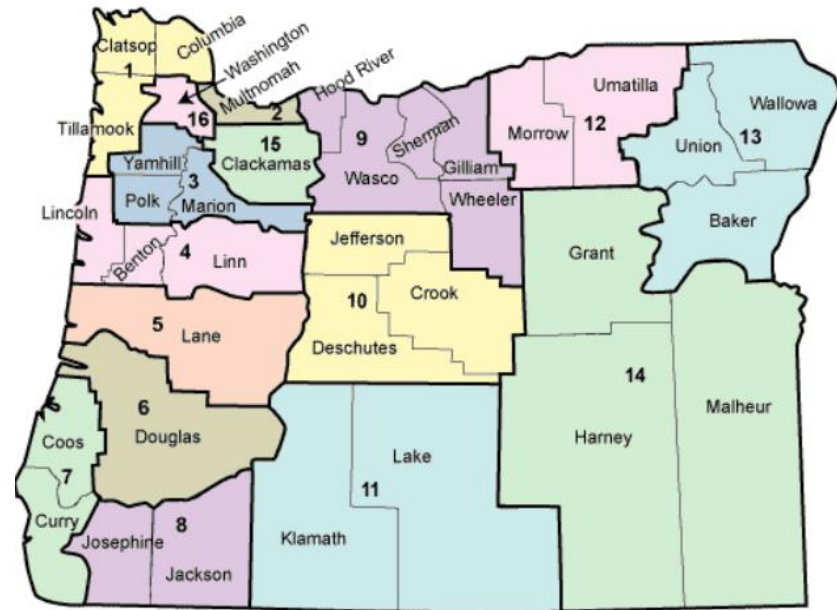
- **Northwest**  
1130 NW 22nd Avenue Ste. 320  
Portland, OR 97210
- **Gresham**  
25050 SE Stark Street Ste. 300  
Gresham, OR 97030

**OHSU – Doernbecher**  
700 SW Campus Dr.  
Portland, OR 97239

**Randall Children’s Pediatric Clinic**  
2800 N. Vancouver Ave. Ste. 165  
Portland Oregon 97227

# DHS Medical Liaisons

- Monitor required health assessments
- Provide point of contact for health care providers and CCOs
- Participate in system collaborations that support better health outcomes for Foster Children
- Prioritize the health needs of children in foster care



# The RAPID Assessment

- RAPID assessments screen for behavioral, emotional, social, developmental issues that youth in foster care are at particularly high risk for.
- **R**elational, **A**cademic, **P**sychological, **I**ntellectual, & **D**evelopmental
- “RAPID” also ties into the quick turnaround time for these evaluations.
- There are set screening tools and child-caregiver activities based on the age of child (12-17 months, 18-35 months, 3-5 years, 6-7 years, 8-11 years, 12-16 years, and 17-18 years).



**mindsights**  
thinking differently about thinking

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# 95% of children served in FCMH have high social complexity

Roughly half have medical complexity

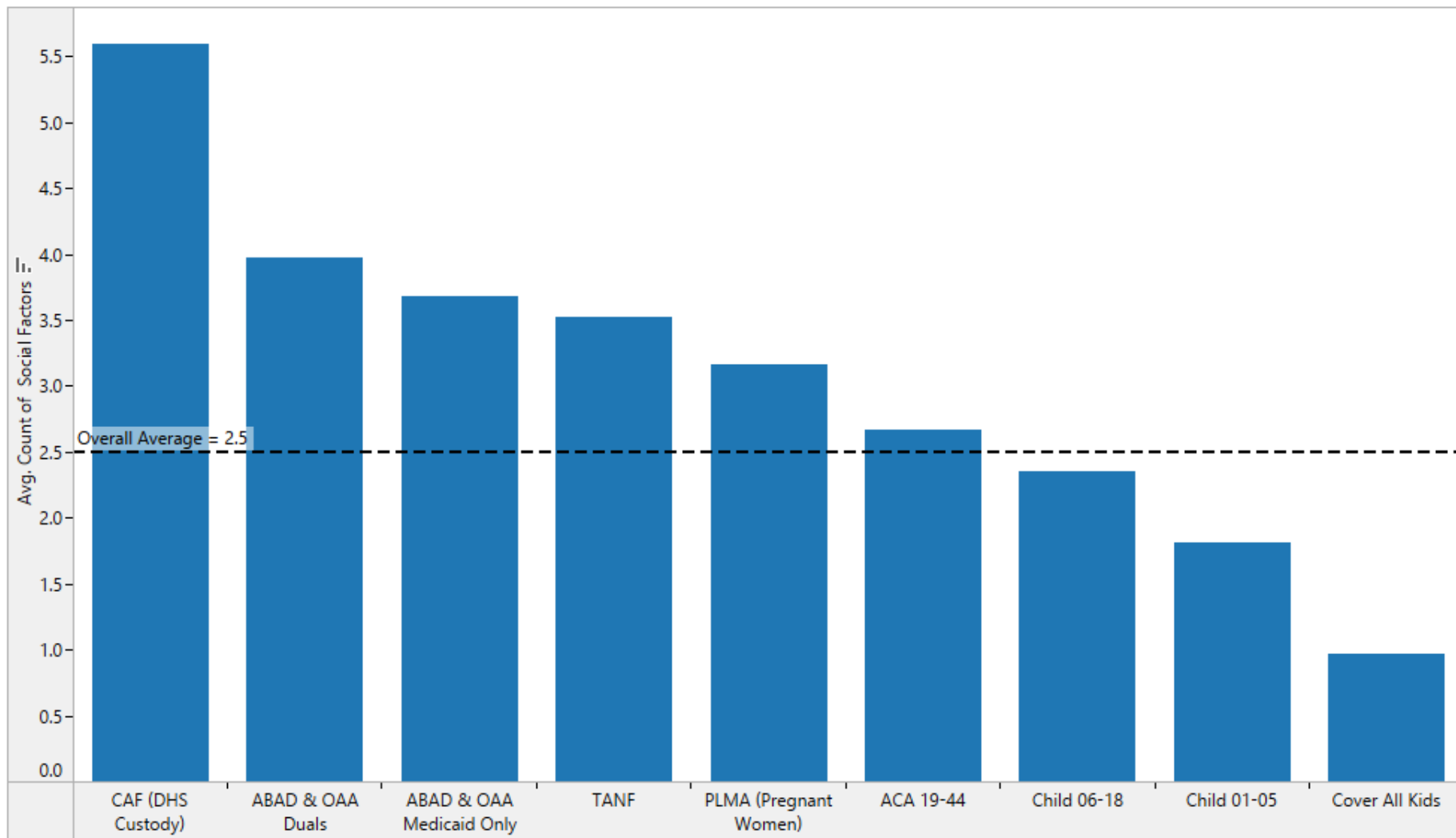
		SOCIAL Factors			Medical totals
		Social: 0	Social: 1-2	Social: 3+	
MEDICAL	Healthy	0.5%	1.9%	48.8%	51.2%
	Non-Complex Chronic	0.3%	1.1%	30.1%	31.5%
	Complex Chronic	0.3%	0.9%	16.1%	16.1%
SOCIAL totals		0.9%	3.9%	95.1%	

- *Children served July 2017-October 2018*
- *57% match rate with complexity data, matched n= 428*

# Rate groups correspond with social complexity scores the way we anticipate



Social Complexity by Rate Group



# Optimizing the Delivery System

## DHS Custody Start

- Court ordered placement in foster care
- DHS schedules with FCMH

## 72 Hours FCMH

- Medical Exam
- First Tooth Screening
- Encounter for MH service (abuse/neglect Z codes)
- **METRIC MET**
- Urgent referrals generated

## 30/45 Days Mindsights

- RAPID Assessment
- Debrief with FCMH, DHS, Foster Parent, Bio Parents, or other team members
- Referrals generated

## 60 days FCMH

- Comprehensive Medical
- Integrated Treatment Plan coordination
- Referrals generated and tracked

## Ongoing Care

- FCMH anchors care & supports through transitions
- FCMH tracks referrals
- FCMH navigates/advocates as needed
- FCMH monitors outcomes

# Expected Outcomes

- ✓ Meets DHS requirement timelines
- ✓ Integrates services for a priority population
- ✓ Reduces administrative burden (PHTech/duplicative care coordinators)
- ✓ Aligns with AAP best practice guidelines
- ✓ Focuses on significant SDoH (foster care involvement)
- ✓ Increases support for overburdened foster parents and caseworkers
- ✓ Contributes to the Quadruple Aim



# All Together, All for You.



# Thank you!

