Disclosures

The panel has no financial conflicts to disclose
A Prioritized Population
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 health needs from the health care system, beyond typical care.

3. The experience of trauma plays out over the life course.
Health Disparities - Childhood

Chronic Condition Prevalence: 12-18 year olds

- Obesity
  - Non-foster child: 14.8%
  - Current foster child: 10.8%
  - Former foster child: 13.5%

- Asthma
  - Non-foster child: 9.0%
  - Current foster child: 8.4%
  - Former foster child: 15.5%

- ADD
  - Non-foster child: 6.7%
  - Current foster child: 26.0%
  - Former foster child: 25.9%

- Affective disorder
  - Non-foster child: 5.2%
  - Current foster child: 15.2%
  - Former foster child: 22.1%

- Depression
  - Non-foster child: 4.3%
  - Current foster child: 10.8%
  - Former foster child: 14.6%

- PTSD
  - Non-foster child: 2.6%
  - Current foster child: 19.2%
  - Former foster child: 24.3%

- Autism
  - Non-foster child: 1.6%
  - Current foster child: 2.4%
  - Former foster child: 5.0%

- Tobacco use
  - Non-foster child: 0.9%
  - Current foster child: 3.5%
  - Former foster child: 9.7%

- Bipolar
  - Non-foster child: 0.1%
  - Current foster child: 1.0%
  - Former foster child: 2.0%

- Chemical dependency
  - Non-foster child: 0.1%
  - Current foster child: 0.3%
  - Former foster child: 1.6%
Health Disparities - Adulthood

Foster Care
Life Course Experiences, Health, and Health Care
Providence CORE October 2017

Key Findings

<table>
<thead>
<tr>
<th>4 or more ACEs</th>
<th>No one to protect or care for you</th>
<th>Physical, verbal, sexual abuse in foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>No Foster Care</td>
<td>Physical, verbal, sexual abuse in foster care</td>
</tr>
<tr>
<td>89%</td>
<td>41%</td>
<td>Yes: 56%</td>
</tr>
<tr>
<td>91%</td>
<td>35%</td>
<td>By a foster parent: 72%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In multiple placements: 52%</td>
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<td></td>
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<td>Told adult, but no help: 62%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>At Least 1 Chronic Disease Diagnosis</th>
<th>Use of Health Care: Adjusted Mean Difference Between Foster Care and Non-Foster Care</th>
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</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Foster Care</td>
<td>No Foster Care</td>
</tr>
<tr>
<td>88%</td>
<td>68%</td>
</tr>
<tr>
<td>92%</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>Special Physical Health Care</td>
</tr>
<tr>
<td></td>
<td>1.4 visits</td>
</tr>
<tr>
<td></td>
<td>Outpatient Behavioral Health Care</td>
</tr>
<tr>
<td></td>
<td>Not Significant</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Had to go without the following when needed over the past 12 months:</th>
<th>Foster Care</th>
<th>No Foster Care</th>
<th>Foster Care</th>
<th>No Foster Care</th>
<th>Foster Care</th>
<th>No Foster Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>35%</td>
<td>19%</td>
<td>38%</td>
<td>19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>44%</td>
<td>26%</td>
<td>27%</td>
<td>10%</td>
<td></td>
<td></td>
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<tr>
<td>Stable Housing</td>
<td></td>
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</tbody>
</table>
Health Share of Oregon’s Foster Care Initiative

- The CCO DHS Metric
- Foster Care Systems Manager
- Web-Based Care Coordination
- DHS Medical Liaison Position
- The Foster Care Advanced Primary Care Collaborative
- Foster Care Medical Homes
- RAPID Assessment
- Foster Care CME event
- Policy Advocacy
- The Foster Care Study
From Metric to Population Health
Children entering foster care required to have a MH and PH assessment within 60 days of entry (added DH in 2015)

2011: CCO Baseline for 2 Assessments = 51.4%

2014: CCO Baseline for 3 Assessments = 29.9%

Less than $\frac{1}{3}$rd of children in our CCO were getting all three timely assessments
System Coordination Function

We created a position dedicated to helping thread the system together.

Three main phases of the work were identified:

- Support enhancement of regional system of care for foster children
- Understand current system barriers & organizational priorities
- Manage logistics of P4P measure

Today’s presentation is about the work accomplished in the third phase.
### Health Share’s performance over time

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015*</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance</strong></td>
<td>51.7%</td>
<td>64.4%</td>
<td>66.1%*</td>
<td>76.2%</td>
<td>89.4%**</td>
</tr>
</tbody>
</table>

*first year with addition of dental assessments  **results unverified

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**Much to be proud of:**

- More children in our region were getting timely assessments
- More health systems are actively monitoring children in DHS custody
- Stronger partnership with DHS to address needs of children in foster care
- Approaching benchmark (90%) in a very complicated measure
More than a metric for Health Share

- Children in the metric (new to DHS) (250+ year)
- All children in foster care in CCO (3,000+)
- CPS Investigations (12,500+ tri county)
- High prevalence of ACES in Medicaid (children, caregivers, foster parents)

Recognition: All of our systems need to be aware of their children in foster care, and how the experiences and challenges of children in foster care are shared by many other children in the Medicaid system.
O rings, Marathons and Scaffolds: Care Transformation and the Foster Care Collaborative

Carol Endo, MD
Staff Pediatrician
Randall Children’s Clinic, Emanuel
January 30, 2018
CCO Conference Salem, Oregon
The back story...

- In 2008, the Portland Children’s Levy gave Emanuel Children’s Clinic a grant to develop medical homes for foster care children in the city of Portland.

- The goal: to create a coordinated system of care and become a true medical home for children in foster care.
In 2016 HealthShare sponsored a learning collaborative to pool ideas on how to do a better job at becoming a medical home for children in foster care, and Randall Children’s Clinic was part of this.

Participants were from all over the greater Portland area, including private practice groups (Hillsboro Pediatrics), academic institutions (OHSU), hospital systems (Legacy Health, Providence), public clinics (Multnomah County Health Centers)
Lessons learned?

- Children in foster care completely fit the definition of a child with special health care needs, and we may need to think about foster care the same way we think about any other health condition—like cancer, or diabetes.

- ACES (adverse childhood experiences) and effect on health; 64% of all people have at least one stressful life event: Nadine Burke Harris Ted Talk

- We have community partners that have similar goals for our patients
Children in foster care are children with special needs

- Fifty percent of children in foster care have chronic medical problems
- Exposure to ACES increases risk of health problems throughout the lifespan: ACES of 6 or more can decrease lifespan by 20 years, and increase the risk of cancer by 400%
- Ten percent of children are considered medically fragile.
- Children that have been foster care have a higher risk of homelessness and are more likely to drop out of school
- Children in foster care have a higher percentage of untreated dental problems
- Children in foster care have a higher prevalence of mental health problems, and a greater number of them are on psychotropic medications.
- They are more likely to have disruptions in their care/insufficient care or care providers that do not know the health history

Healthy Foster Care America: Health Issues and Needs
How information can impact a practice

- Addressing ACES and providing information in an effective and thoughtful way provides information that families find helpful (Gillespie, R. J., & Folger, A. T. (2017) “

- One year after screening for Adverse Childhood Experiences (ACE) in the Health Appraisal Clinic at Kaiser Permanente of San Diego, clinicians saw a 35% decrease in office visits and an 11% decrease in emergency room visits among participants compared to the prior year. In comparison to a control group that did not undergo screening, screened participants saw an 11% decrease in office visits (Felitti & Anda, 2014).
The Foster Care Medical Home: Journey, not Destination

Lessons learned along the way

Carol Endo, MD
Staff Pediatrician
Randall Children's Clinic
October 11, 2017
“When you are through learning, you are through.”

John Wooden
In 1986 the Challenger Space Shuttle exploded, killing everyone on board.

Physicist Richard, Fenynman did an elegant experiment to show how a simple O ring put in cold stress could crack, fail, and bring down a space shuttle.

https://goo.gl/images/dEKtsk
What are the “O rings” of health care that seem insignificant—but really matter?

- What are the health issues that I might be taking for granted?
  - Health literacy
  - Literacy
  - Sense of trust or support

- Am I assuming my patients have the same resilience factors that I take for granted?
  - Housing and food security: Do I know what resources are available, or do I have someone that knows this well?
  - Social connections—who do you call when you run out of gas?
  - Providing support, advocacy and ACES information: Jeremy Harvey: “Abandoned at 18”:
What are things that might make the difference between an achievable success—and a preventable fail?

- Who are my partner in caring for my patient? How do I work with them?
  - School districts
  - Juvenile Justice
  - Mental health
  - Wraparound

- What do patients and families find most helpful?

- How do I make sure my patient’s care plan is known to them, and to their other providers?
  - Medications
  - Easier mental health access
  - Care Plans
  - EPIC “Health Passports”
Marathons
Am just sprinting till the next checkup, or am I in it for the marathon?

“I know you don’t think of your newborns as 85 year old guys with Parkinson’s, but sometimes something that is really simple when they are babies can be a really big deal to my 85 year old.” - Family practice physician at a conference
"We rarely view a cute 5-year old or a texting preteen as the 35-, 40-, and 50-year olds they will become...If we are to prepare children to become the healthy, productive, contributing adults that will repair our world and lead us into the future, we must set our vision for the long term."

Kenneth Ginsburg, Building Resilience in Children and Teens: Giving Kids Roots and Wings
If I’m in it for the marathon, am I focusing on what really matters?

- “Our greatest fear should not be of failure but of succeeding at things in life that don't really matter.” — Francis Chan, Crazy/Love

- Oregon's Health Ranking: 20th in the Nation
Scaffolds
Better together: Creating community scaffolds

- Who are the partners that are already working in an area that my patient needs? Can I support community partners so I don’t have reinvent the wheel?

- Healthychildren.Prosser CIA: [Prosser Community Involvement Action Coalition](#)

- Resiliency Resources: [AAP](#)

- Foster Care Medical Home Resources [AAP’s Healthy Foster Care America](#)

- Resiliency resources: [School programs](#) [Whytry.org](#)

- Statewide coalitions and learning groups:
  - [Tennessee: BeHiP](#)
  - [California: UCLA's FOCUS on Foster Families](#)

- [Kaiser Clinic Site: Faubion School](#)
How do we know we’re on the right track?

How to make sure you’re checking the right vehicle, have the right trail map, and are building your scaffold around the right building…

Know my why
Mark out my “North Star”

- “…it wasn’t until we decided that’s what we wanted our brand to be about that it was the most important thing. It led us to do many things that would not have made any sense if that wasn’t our north star.”
  Tony Hsieh, Zappos, interview, How I Built This, with Guy Raz, January 23, 2017

- “Finding your Why: Simon Sinek, Start with Why

- ACES Data for Oregon
Thank you!

“GREAT THINGS ARE DONE BY A SERIES OF SMALL THINGS THAT ARE BROUGHT TOGETHER”
- VINCENT VAN GOGH
Madeline Lowry Woods, LCSW

- Medical Social Worker, Primary Care Pediatrics, OHSU (2013-2017)
- Medical Social Worker, Primary Care Pediatrics, Kaiser Permanente (2017-present)
What is care coordination for foster children?

- Dedicated, pro-active support for children in foster care to identify gaps in needed services, facilitate communication between care providers, and plan for transitions, with the purpose of delivering comprehensive health care services according to the patient’s care plan, reducing inappropriate healthcare utilization, and improving short and long-term outcomes for this high risk pediatric population.
What do care coordinators do for foster children?

- Promote information sharing between PCP and the myriad service providers working with the child.
- Follow up on referrals and facilitate PCP recommendations.
- Ensure children are up-to-date on care guidelines.
- Track down children who are lost to follow up.
- Help foster and biological parents access community resources.
- Help foster and biological parents navigate medical system.
- Help ensure important medical and mental health follow-up is not forgotten during times of placement transition.
- Can be social worker or RN (or other?)
Case Example

- Adolescent male in foster care, not seen by primary care in over 4 years. Multiple ED visits in the interim for a variety of complaints. ED visit notes indicated multiple foster placements and runaway status, criminal justice involvement.
- Came to social work attention through foster care program routine chart review.
- Social worker identified caseworker and left a voicemail offering to help youth re-establish with PCP.
- About month later, received a call from the youth, who had some sexual health concerns.
- Social worker arranged confidential visit with same PCP he had 4 years ago.
- At the visit, he was able to get his immediate concern resolved and reconnected with PCP. He was identified as being high risk for HIV, he agreed to do labwork and received counseling about PrEP prophylactic treatment. Screened positive for depression. Was living with friends, not in official foster placement. Food insecure.
- Was seen every 2-3 months by PCP thereafter, re-establishing relationship with primary care as independent young adult, getting continued coaching on HIV prevention, labwork, mental health referral, gift cards for groceries, and coaching around employment and independent living goals.
Q & A
Together we are health share
Health Share of Oregon