



Delaware's children in foster care – health service utilization

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Introduction & Purpose

June 2014 - DE General Assembly established a Task Force on the Health of Children in Foster care

Task Force charge:

- 1. Learn more about the health-related needs of children in FC**
- 2. Develop recommendations to improve care**

April 2015 Report to the Task Force (and Executive Summary) available at <http://www.ccrs.udel.edu/node/489>

Background & Importance

- **Foster Care System Delaware**
 - Division of Family Services (DFS), Department of Services for Children, Youth & Their Families (DSCYF)
 - Division of Medicaid & Medical Assistance (DMMA)
- **Health of Children in FC**
 - “a uniquely disadvantaged group” (AAP, 2005)
 - Higher rates of physical, developmental, dental and behavioral health problems compared with other children

American Academy of Pediatrics [AAP]. (2005). *Fostering health: Health care for children and adolescents in foster care* (2nd Edition ed.) American Academy of Pediatrics.

Background & Importance

- AAP Policy Statement (2015) prioritizes high-quality pediatric health services, health care coordination, and advocacy for children in foster care
- Federal Legislation P.L.110-351: Fostering Connections to Success and Increasing Adoptions Act of 2008
 - Primary responsibility for child welfare services rests with the States
 - Required States to ensure coordination of health-care services, including mental health and dental services, for children in foster care

Approach/Methods

- **Data Sources:**
 - Division of Medicaid & Medical Assistance (DMMA) claims
 - Department of Services for Children, Youth & their Families (DSCYF) foster care placements
- **Time period: FY 2013 – FY 2014**
- **Approach**
 - Analyzed patterns of utilization by age, number of placements, etc.
 - Compared children in foster care (n=1,458) with cohort of all other children participating in Medicaid (n=124,667)
 - Examined special issues highlighted in the literature and identified by task force members

Characteristics of Children in Foster Care (FY 2013 – FY 2014)

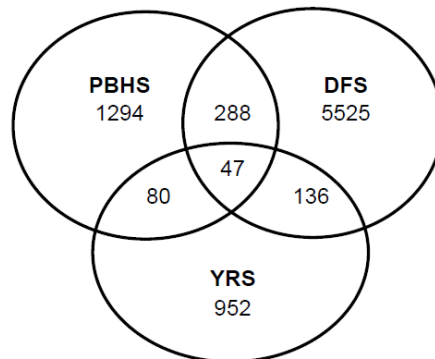
- Median age 8.5 years old
- Average 2.3 years in care
- 45-50% White; 50-55% African American
- 60% in New Castle County
- Even gender split
- 71% of children in foster care have one episode of care
- 4-5 placements per episode

Interaction of foster care and other services

- Data here is limited to services billed to Medicaid
- PBHS is not included (16% of placements)
- YRS is not included (13% of placements)

DSCYF Clients Under Age 21 Years with Open Cases: Mar 31, 2016

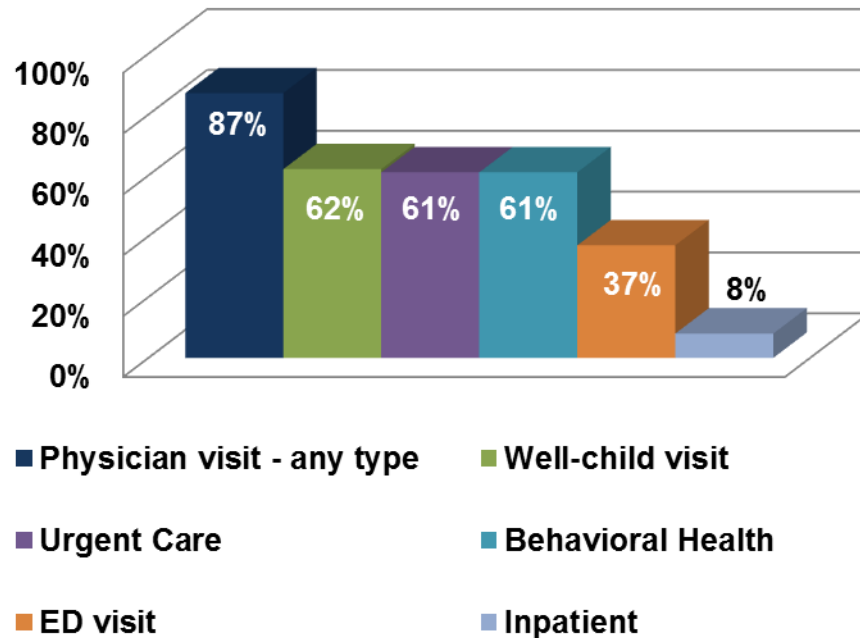
Departmental Client Distribution - March 31, 2016



	Client Distribution by Division	
	Frequency	Percent
PBHS	1294	15.5
DFS	5525	66.4
YRS	952	11.4
PBHS/DFS	288	3.5
PBHS/YRS	80	1.0
DFS/YRS	136	1.6
PBHS/DFS/YRS	47	0.6
Total	8322	100.0

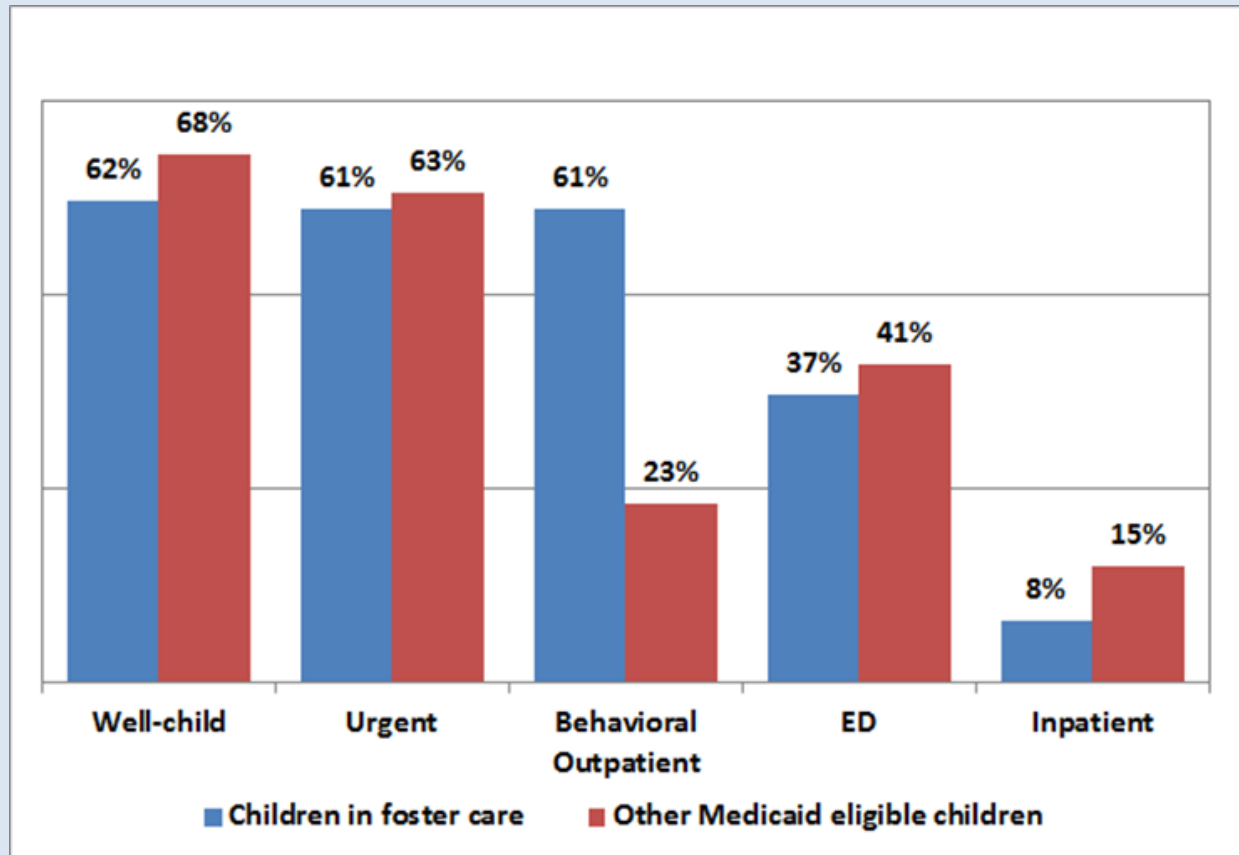
Special Health Needs, Utilization & Costs of Children in Foster Care FY 2013 – FY 2014

Selected Medical Services



- **91% of children in FC received some kind of medical service in FY 13/14**
- **138 children (9%) had no medical claims during this period**

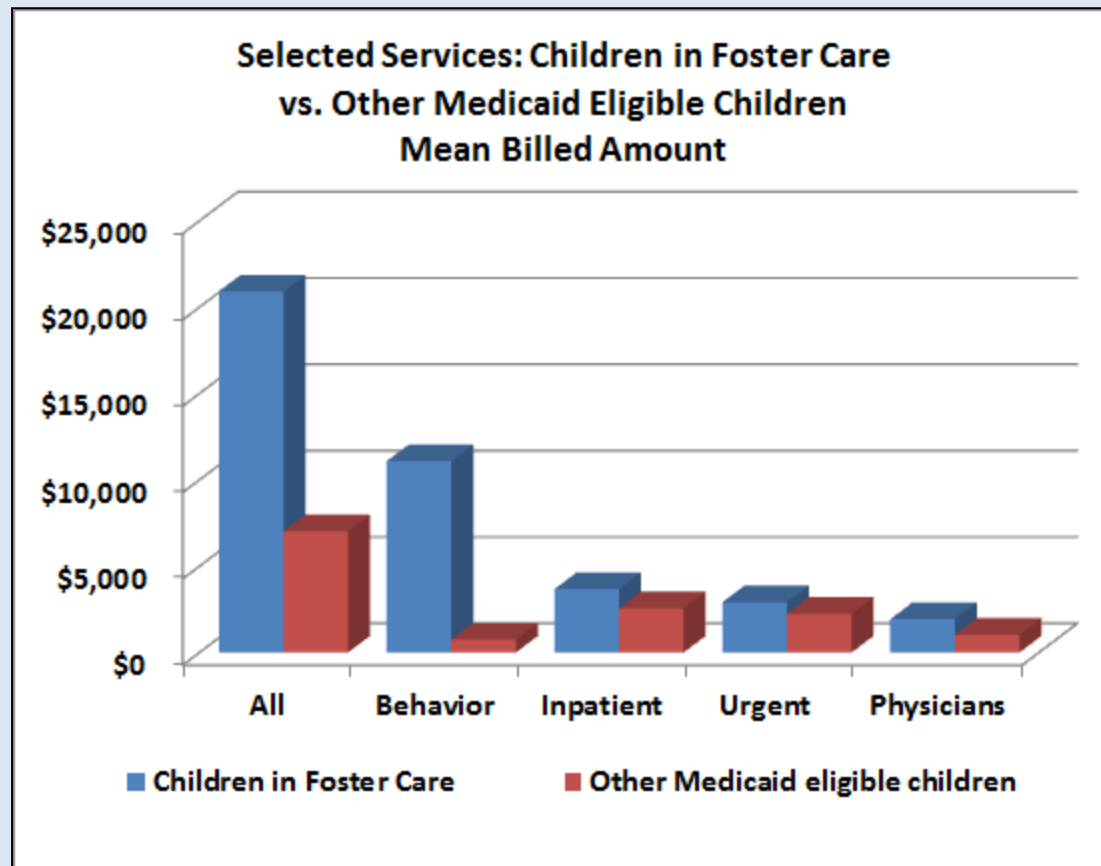
Service Utilization of Children in FC compared with other Children in Medicaid



Selected Diagnoses of Children in Foster Care compared with other Children in Medicaid

Selected Diagnoses		
Diagnosis	Children in foster care	Other Medicaid eligible children
Asthma	10.0%	10.1%
Autism	1.4%	0.4%
Births	0.7%	1.3%
Central Nervous System Disorder	1.0%	0.1%
Chlamydia	1.0%	0.4%
Diabetes	1.0%	0.4%
Fetal Alcohol Syndrome	< 1%	0.0%
Gonorrhea	<1%	<1%
Hepatitis C	<1%	0.0%
HIV	<1%	0.1%
Mental Health	61.0%	22.9%
Muscular Dystrophy	0.0%	0.0%
Obesity	2.7%	2.3%
Pregnancy	2.0%	2.7%
Spina Bifada	0.0%	0.0%

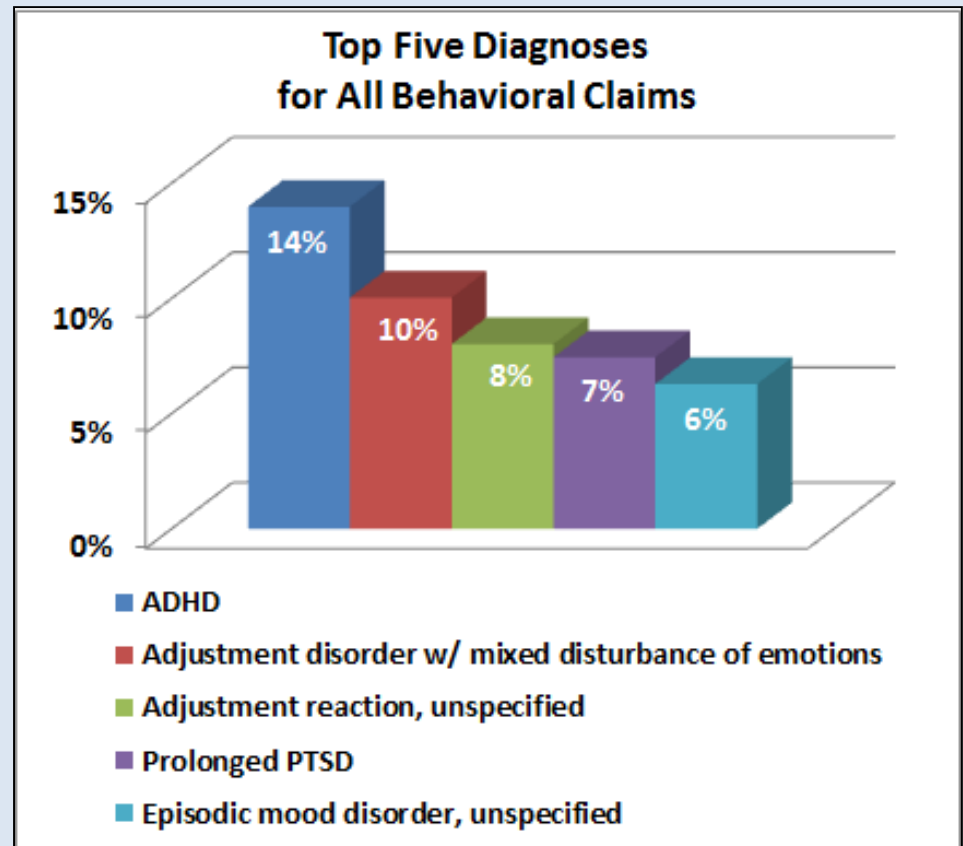
Average Billed* Amount of Services Provided to Children in FC compared with other Children in Medicaid



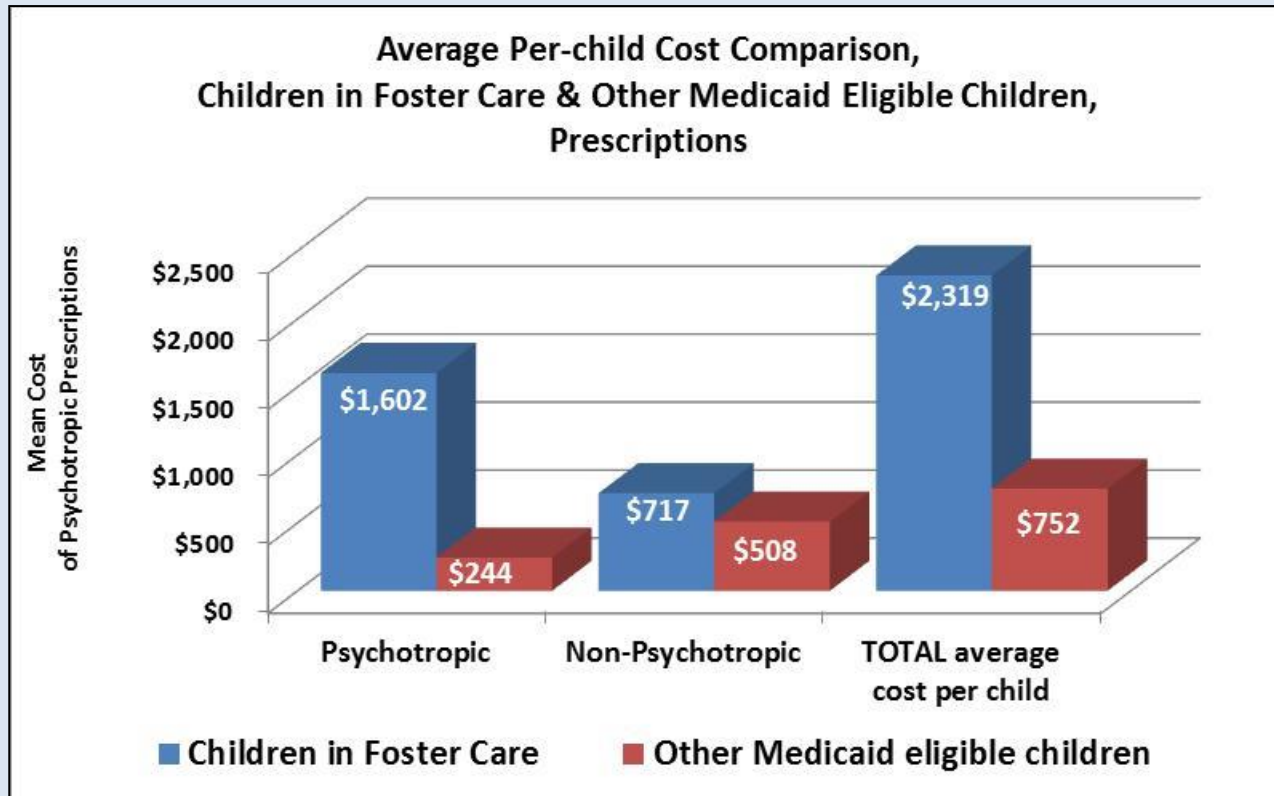
*Paid amount not available. Billed amount is typically more than the paid amount and gives a measure of consumption. Billed amount is not a measure of cost.

Behavioral Health

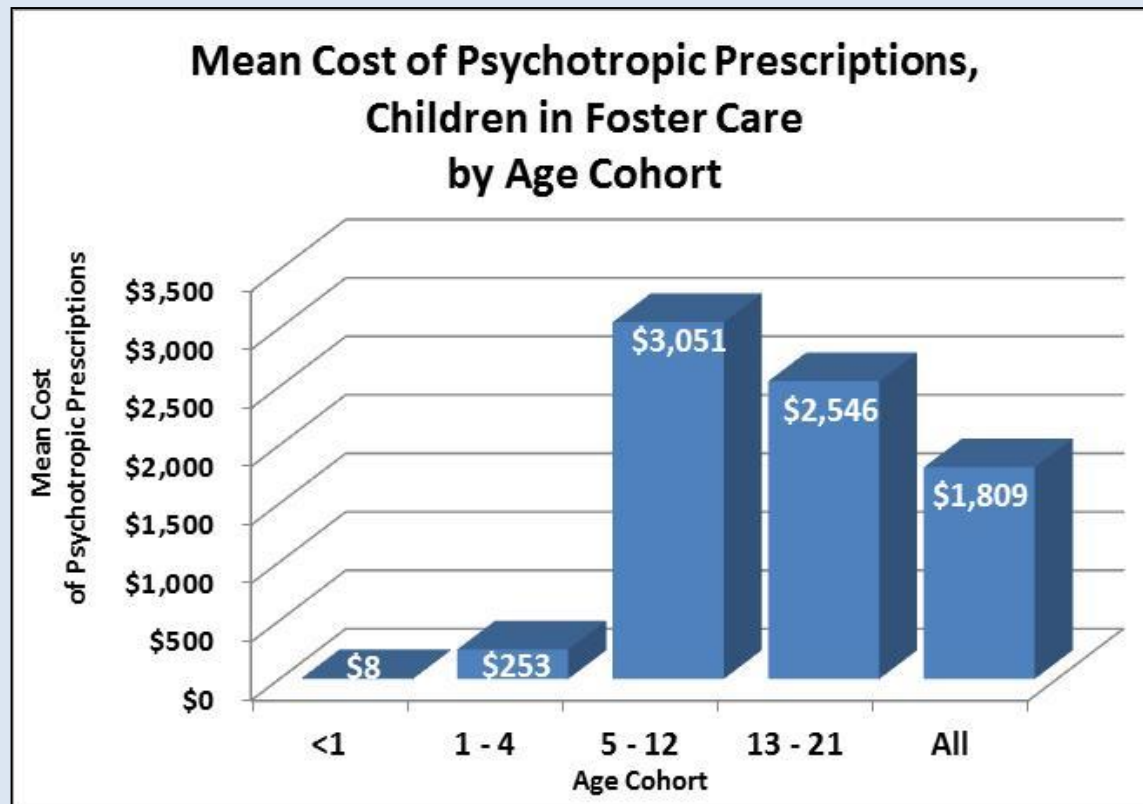
- Attention Deficit Hyperactivity Disorder (ADHD) is the most frequent behavioral claim (14%)
- The top 5 diagnoses for behavioral claims encompass almost half of all behavioral claims (46%).



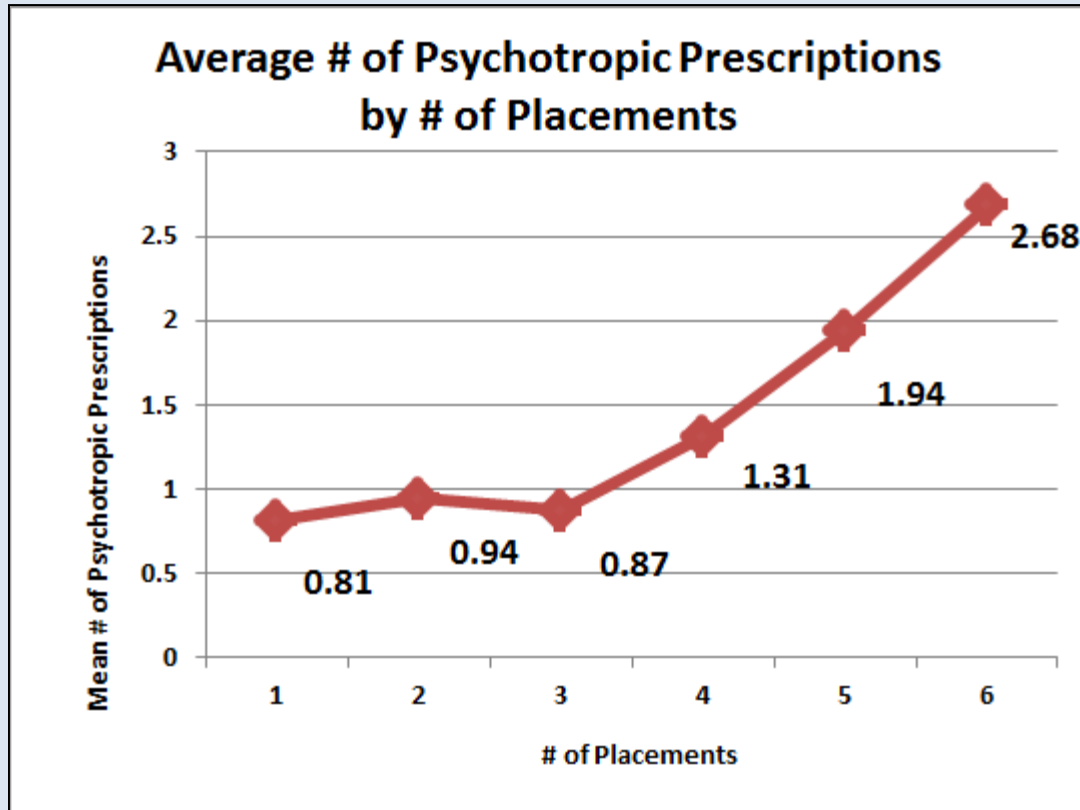
Average Cost of Prescription Drugs for Children in FC compared with other Children in Medicaid



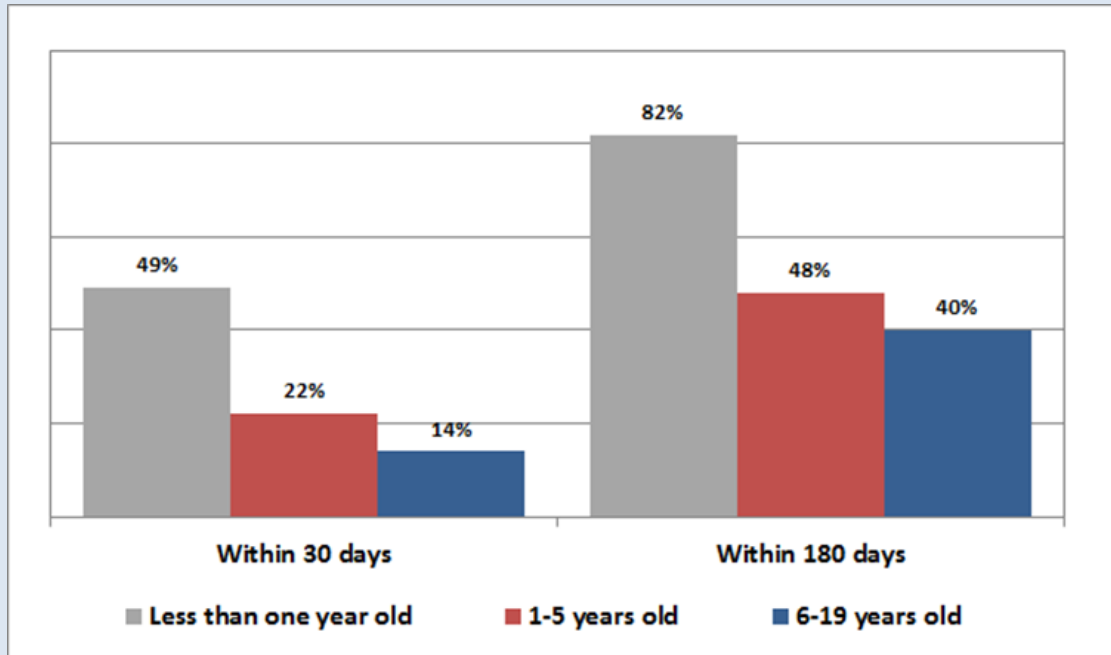
Average Cost of Psychotropic Prescription Drugs by Age of Children in Foster Care



Psychotropic Drug Utilization according to Number of Foster Care Placements

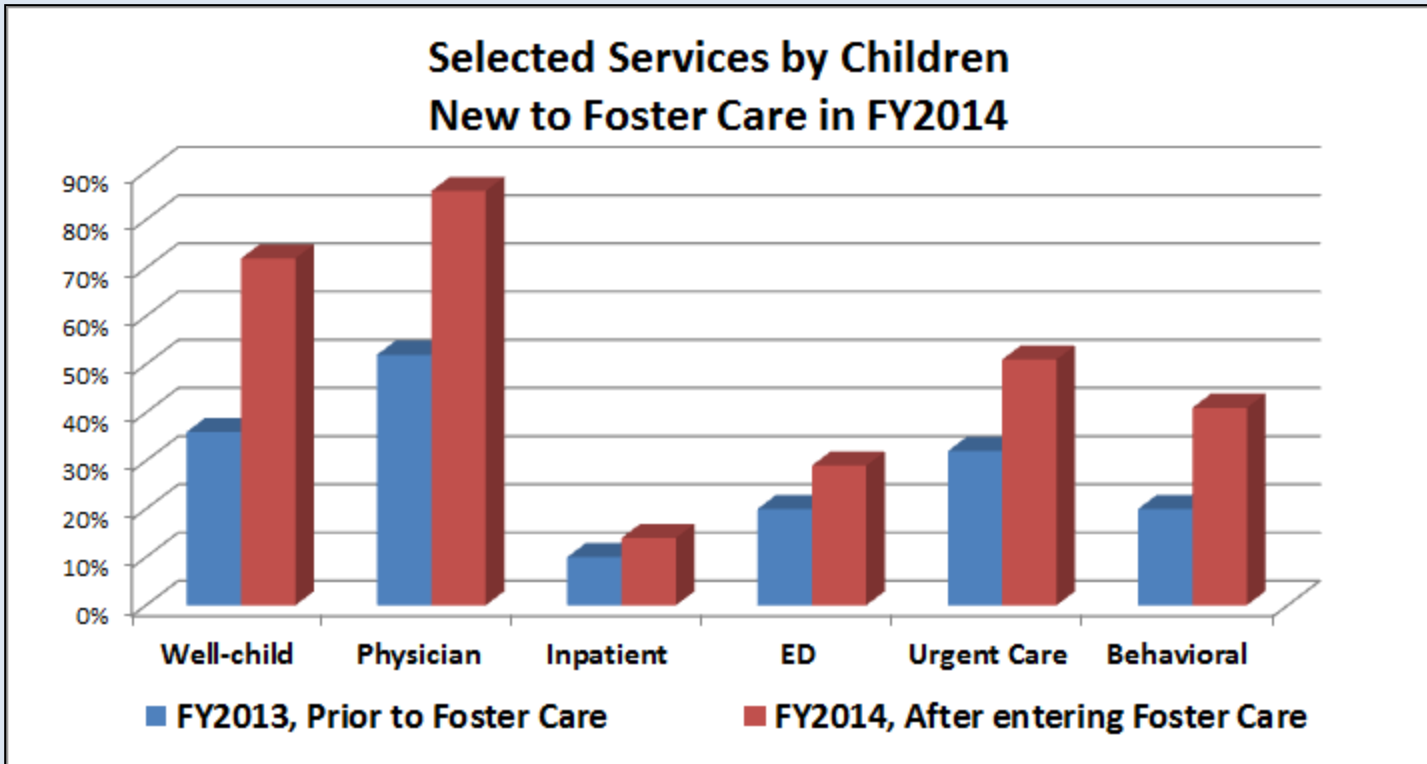


Well Visits among New Entrants into Foster Care (n=542)



- 47% of children new to FC did not have a well visit in their first 180 days in FC
- Among children under the age of one:
 - 1/2 had a well visit during their first 30 days in FC
 - After 180 days, 82% of had a well visit

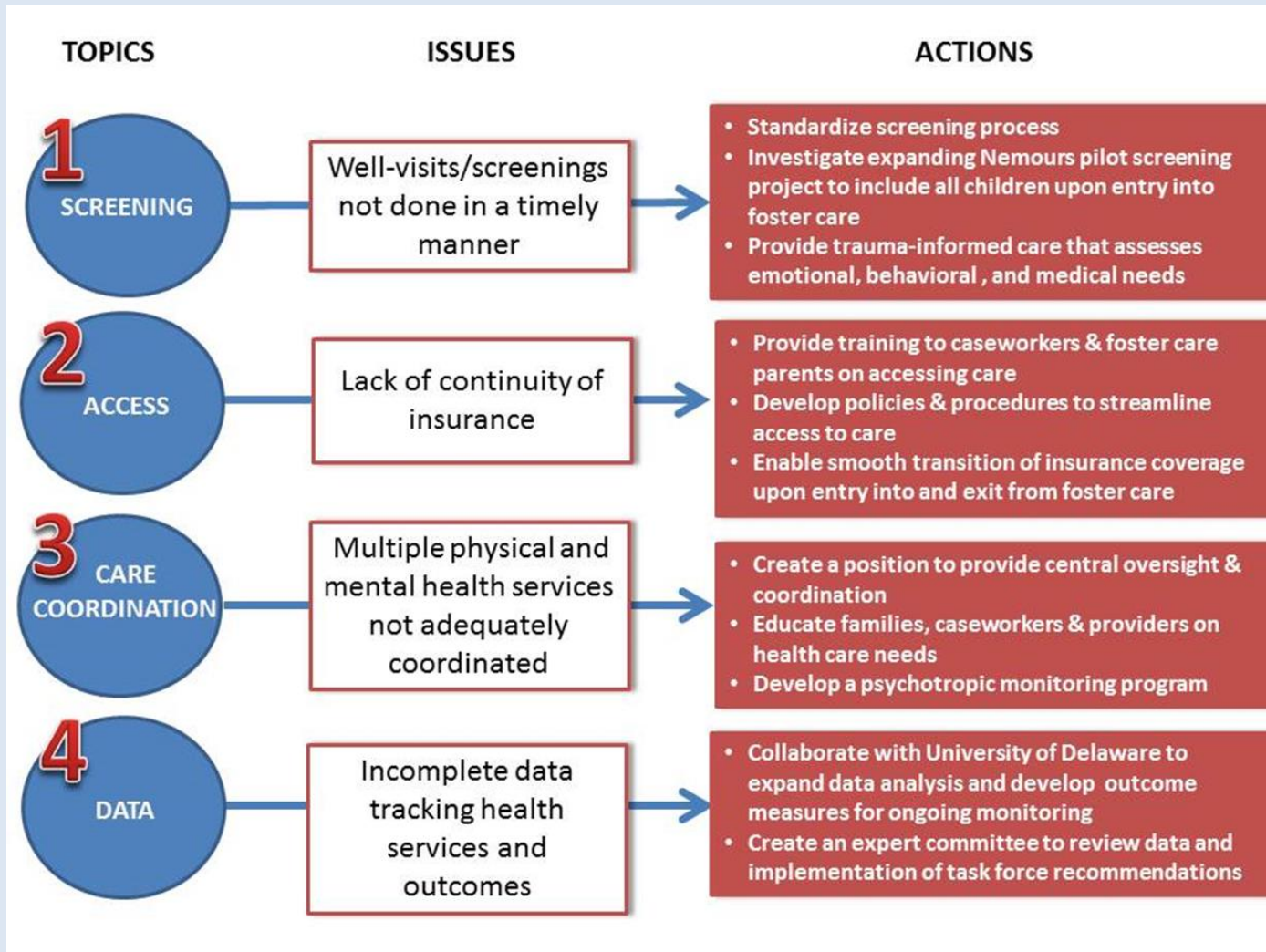
Change in Selected Services after entry into Foster Care among New Entrants in FY14 (n=127)



Conclusion

- **Children in FC represent a particularly vulnerable population with unique needs and healthcare challenges**
- **This study was the first of its kind to examine the health status and healthcare utilization patterns among children in FC in Delaware. We identified three key areas of concern:**
 - need for more attention on early screening and preventive health visits;
 - need to identify opportunities for better care coordination, particularly in relation to primary care and behavioral health; and
 - need to ensure continuity of care for children in FC system.
- **Findings have implications for other children in DE at risk of neglect, abuse, or are otherwise connected with child welfare system**
- **Provides baseline to assess system improvements**
- **Represents an important partnership between Nemours, CCRS/SPPA, DMMA, and DSCYF**

Task Force Recommendations



Discussion/Questions

- **Who needs to be at the table to make a decision about improving the health of children in foster care?**
- **How do we move towards better integrated behavioral and medical care for children in foster care?**

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