

March 20, 2017

Fostering Health NC Bridges the Gap between Child Welfare and Child Health Care

Over the past two years Fostering Health NC has positively transformed medical care for nearly one-third of children in foster care in North Carolina by connecting these children to a medical home equipped to meet their special health care needs. Fostering Health NC, a project of the North Carolina Pediatric Society (NCPeds), promotes the American Academy of Pediatrics' (AAP) care standards for children and youth in foster care in order to improve their health and well-being.

Fostering Health NC has roots within the state going back to 2008 when pediatric champions such as Dr. Marian Earls brought the needs of children in foster care to the forefront. "Fostering Health NC assures that all children and adolescents in foster care receive care with a perspective on the whole child – for general health, oral health and especially social-emotional health – in the context of family, school and community. Our cross-sector collaboration is a crucial innovation," shared Dr. Earls. The project, which launched with full funding in 2014, is a partnership among pediatricians from across the state, Community Care of North Carolina and its regional care management networks, and many parts of the NC Department of Health and Human Services (NC DHHS) – Division of Social Services, Office of Rural Health, Division of Medical Assistance and Division of Public Health.

The project leverages partnerships among key stakeholder groups at the local level that work together to coordinate and provide trauma-informed care for this exceptionally vulnerable population. The project spreads best practices, provides local implementation support across the state and is guided by a 50-member State Advisory Team comprised of professionals in child health, mental health, pharmacy and social services. To date, over 100 medical homes and 60 (of 100) county Departments of Social Services (DSS) agencies are trained and equipped with tools and resources to better coordinate care for children in foster care.

Research shows coordinating medical care, including mental health, for children in foster care leads to improved health outcomes, higher immunization rates and higher utilization rates for primary care and well-child visits. Since 2014, the foster population in North Carolina has seen increased compliance rates for well-visits for 3-6 year olds, 7-11 year olds and 12-21 year olds; increased rates for adolescent immunizations, including HPV for females; increased rates for behavioral/developmental screening for children in foster care ages 0-66 months; increased annual dental visits for all ages in foster care 2-20 years old; and higher rates for annual dental visits than the Medicaid or NC Health Choice population under 21 years of age.

In addition to developing an online resource library full of best practices (see www.ncpeds.org/fosteringhealthnc), Fostering Health NC has helped establish state level



policies that facilitate information sharing at the local level. The strategic collaboration and information sharing among local child welfare agencies, medical homes, Medicaid and other state and local level stakeholders has led to recognition of the program by the [AAP's National Center for Medical Home Implementation](#) as an innovative and promising practice. Fostering Health NC is one of only four state-based organizations to have a program recognized at this level. The program was written into North Carolina's proposed Medicaid 1115 waiver for continued implementation statewide. Local stakeholders across the state say Fostering Health NC ensures this vulnerable population receives needed services and that all of the disciplines are talking to one another.

The project is supported through March 2017 by joint funding from The Duke Endowment and NC DHHS. With future funding the project could continue to spread best practice and encourage more collaboration between health care and mental health providers around managing medications for the foster population. It would also seek to expand into other areas of focus, including working on issues impacting youth as they transition out of foster care, working more with private licensed family foster homes and residential homes, and working with the Division of Health Benefits to plan and implement changes impacting the foster care population in the proposed Medicaid 1115 waiver.

ABOUT THE NORTH CAROLINA PEDIATRIC SOCIETY

Founded in 1931, the North Carolina Pediatric Society (NCPeds) is the state affiliate Chapter of the American Academy of Pediatrics with nearly 2,000 pediatrician and pediatric health professional members. Its mission is to empower pediatricians and its partners to foster the physical, social, and emotional well-being of infants, children, adolescents and young adults.

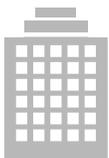
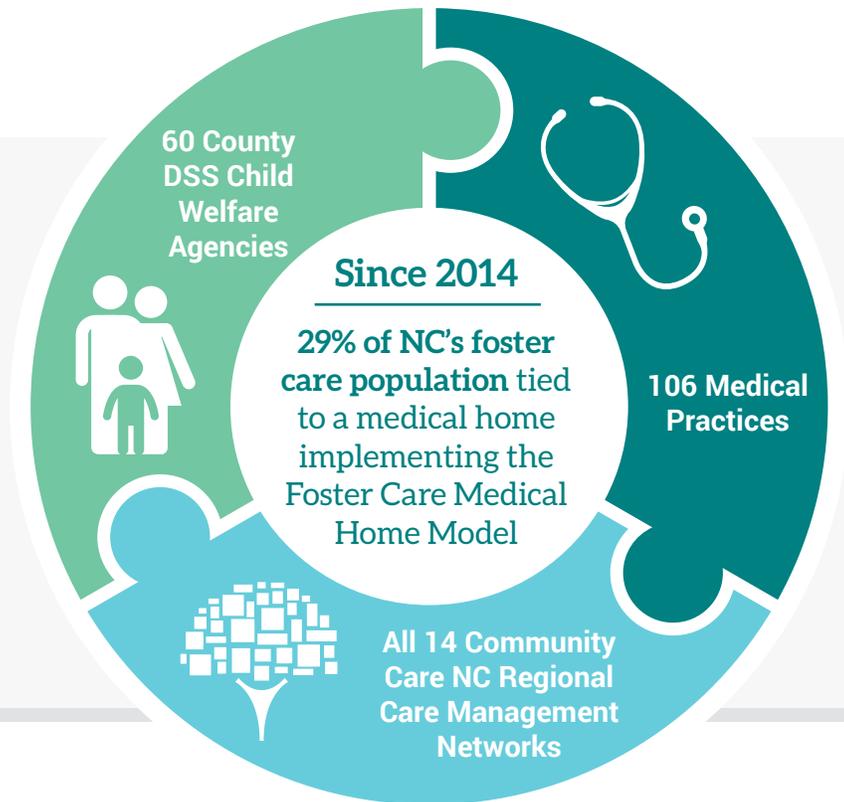


Connecting children & youth in foster care with a medical home that can meet their special health care needs through promoting the care standards developed by the American Academy of Pediatrics.



Research shows that coordinating medical care, including mental health, for children and youth in foster care leads to improved health outcomes, higher immunization rates, and higher utilization rates for primary care and well-child visits.

Fostering Health NC bridges the gap between child welfare and child health care and leverages strategic partnerships among three key stakeholder groups working to improve the health & well-being of NC's foster population.



One of four state-based organizations to be recognized as an innovative and promising practice by the AAP's National Center for Medical Home Implementation.



Increased compliance rates for well-visits for 3-6 year olds, 7-11 year olds, and 12-21 year olds in foster care.



Local stakeholders statewide say Fostering Health NC ensures that this **vulnerable population receives needed services and that all of the disciplines are talking to one another.**



Increased rates for behavioral/developmental screening for children in foster care ages 0-66 months.



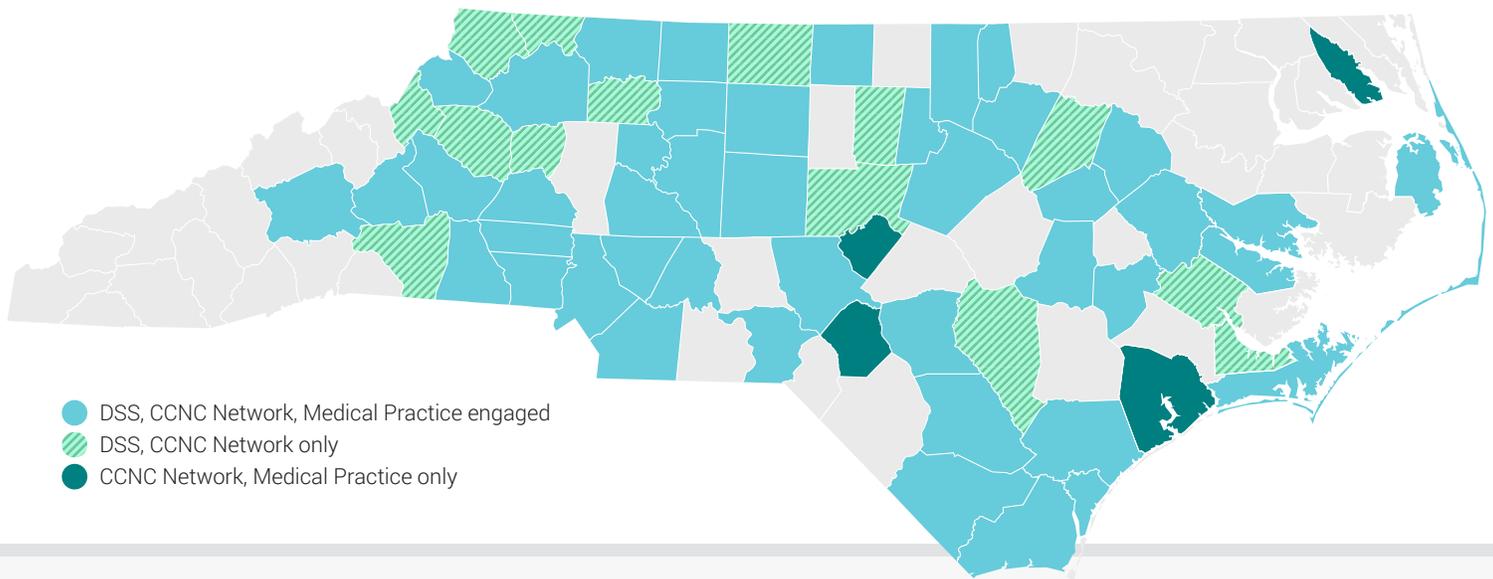
Increased annual dental visits for all ages in foster care 2-20 years old and higher rates for annual dental visits than the Medicaid or NC Health Choice population not in foster care under 21 years of age.



Increased rates for adolescent immunizations, including HPV for females in foster care.



Written into NC's proposed Medicaid 1115 Waiver for continued implementation statewide.



New Hanover County

Susie was referred by local DSS when she was taken into custody. She was new to foster care and there was very little medical history known about her. I was able to look in Provider Portal at her claims history and find that Susie had asthma, although the DSS social worker and foster parent didn't know this and had no medication for her. I was able to link her with a provider for her foster care Initial Visit and request that she be assessed for asthma due to claims history. At the visit, Susie was provided with asthma medication and an asthma action plan. Not only was I able to make sure that Susie has what she needs in case of an asthma exacerbation at home or school, but I was also able to provide education to the foster parent to hopefully reduce asthma triggers and help the foster parent feel more confident in caring for a child in foster care with asthma.

– NETWORK NURSE CARE MANAGER



Mecklenburg County

Marco came into custody at the age of 6 due to chronic homelessness. Marco had a diagnosis of autism and needed a foster family that could be educated on his care and ready to be engaged in his needs. We were able to keep this child in his primary care medical home that he had been to most of his life. Upon entering the office for his Initial Visit, Marco was so excited to show us his picture that hung on the wall. The office staff and primary care physician knew him well which put Marco at ease. The doctor was able to go through things with the foster parent to help her understand and be ready to care for him. Marco thrived in this foster home and continued to be well cared for by the primary care physician. He has since been adopted by this foster family though also keeps in contact with his biological mother.

– NURSING SUPERVISOR, MECKLENBURG COUNTY YOUTH & FAMILY SERVICES



Wake County

A child in foster care needed assistance with medication refills for complex medical needs. We were unable to acquire the medications without assistance from the Network Pharmacist as the prescription required an override. This collaboration helped us understand the child's ongoing needs for care and ensure there were no gaps in obtaining medications. Without the Network Pharmacist's assistance, this child would have been without needed medications.

– CHILDREN'S HEALTH & DEVELOPMENT PROGRAM MEDICAL DIRECTOR, WAKE COUNTY HUMAN SERVICES

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Fostering Health NC is supported through March 2017 by joint funding from The Duke Endowment and the North Carolina Department of Health and Human Services.

[Learn more at www.ncped.org/fosteringhealthnc](http://www.ncped.org/fosteringhealthnc)

