Health Service Utilization of Children in Delaware Foster Care, 2013-2014

May 23, 2016

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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
Acknowledgements

Research Team
• Mary Joan McDuffie
• Katie Gifford
• Gemma Tierney
• Victor Rendon
• Caprice Torrance
• Steven Peuquet
• Erin Knight

Funding provided by the Delaware General Assembly

Partners
• John Monaghan, DMMA/DHSS
• Tylesha Rumley, DSCYF
• Members of the Task Force on the Health of Children in Foster Care
• Cathy Zorc, Nemours Pediatrics
• Vicky Kelly, DSCYF
• **Learning Objectives:**
  – Identify the percentage of children in Delaware foster care who lack preventive health visits
  – Compare psychotropic medication rates between foster care children and other children in Medicaid in Delaware

• **Practice Change:**
  – Collaborate with case workers, teachers, and mental health specialists prior to prescribing a psychotropic medication for a child 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
- Data here is limited to services billed to Medicaid; services during time in PBHS/YRS not included
• 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

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Children in foster care</th>
<th>Other Medicaid eligible children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>10.0%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Autism</td>
<td>1.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Births</td>
<td>0.7%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Central Nervous System Disorder</td>
<td>1.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>1.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome</td>
<td>&lt; 1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>&lt;1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>HIV</td>
<td>&lt;1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>61.0%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Muscular Dystrophy</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Obesity</td>
<td>2.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>2.0%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Spina Bifada</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Average Cost of Prescription Drugs for Children in FC compared with other Children in Medicaid

![Average Per-child Cost Comparison, Children in Foster Care & Other Medicaid Eligible Children, Prescriptions](chart.png)
Average Cost of Psychotropic Prescription Drugs by Age of Children in Foster Care

Mean Cost of Psychotropic Prescriptions, Children in Foster Care by Age Cohort

- <1: $8
- 1 - 4: $253
- 5 - 12: $3,051
- 13 - 21: $2,546
- All: $1,809
Psychotropic Drug Utilization according to Number of Foster Care Placements

![Graph showing the average number of psychotropic prescriptions by number of placements. The graph indicates a trend where the mean number of prescriptions increases with the number of placements, from 0.81 to 2.68 as the number of placements increases from 1 to 6.](image-url)
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)
Task Force Recommendations

<table>
<thead>
<tr>
<th>TOPICS</th>
<th>ISSUES</th>
<th>ACTIONS</th>
</tr>
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</table>
| 1 SCREENING | Well-visits/screenings not done in a timely manner | • Standardize screening process  
• Investigate expanding Nemours pilot screening project to include all children upon entry into foster care  
• Provide trauma-informed care that assesses emotional, behavioral, and medical needs |
| 2 ACCESS  | Lack of continuity of insurance                  | • Provide training to caseworkers & foster care parents on accessing care  
• Develop policies & procedures to streamline access to care  
• Enable smooth transition of insurance coverage upon entry into and exit from foster care |
| 3 CARE COORDINATION | Multiple physical and mental health services not adequately coordinated | • Create a position to provide central oversight & coordination  
• Educate families, caseworkers & providers on health care needs  
• Develop a psychotropic monitoring program |
| 4 DATA    | Incomplete data tracking health services and outcomes | • Collaborate with University of Delaware to expand data analysis and develop outcome measures for ongoing monitoring  
• Create an expert committee to review data and implementation of task force recommendations |
Bibliography

  – (Article available online to members of the Delaware Medical Society at: [http://dev.medsocdel.org/Communications/DelawareMedicalJournal.aspx](http://dev.medsocdel.org/Communications/DelawareMedicalJournal.aspx))

  – Available online at: [http://www.ccrs.udel.edu/node/489](http://www.ccrs.udel.edu/node/489)

  – Available online at: [www.aap.org](http://www.aap.org)

  – Available online at: [http://pediatrics.aappublications.org/content/pediatrics/136/4/e1142.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/136/4/e1142.full.pdf)