

Project Title: “Growing Connections for Kids” - Ensuring a Medical Home for Children in Denver County Foster Care

Project Number: H17 MC 07895

Project Director: Kathryn Wells, MD

Grantee Organization: Denver Health & Hospital Authority

660 Bannock St.

Denver, CO 80204

Phone Number: 720-944-3747 (office)

E-mail Address: [Kathryn.wells@dhha.org](mailto:Kathryn.wells@dhha.org)

Project Period: 3/1/07 – 2/29/12

Total Amount of Grant Awarded: \$250,000 over a period of 5 years at \$50,000/year

## **Project Narrative**

### **1. PURPOSE OF PROJECT:**

Preventive health care services, access to necessary health care and continuity of care are all vitally important in pediatric medicine. The rapid development of young children requires regular medical examinations and monitoring to ensure the best outcomes. This is especially true in caring for foster children. Children in foster care experience an elevated need for coordinated medical care. From their initial examinations upon entering the system to care rendered by future providers, foster children often experience gaps in their health care and medical records as a result of multiple transitions from one home to another. As such, important medical history and other relevant data are lost and issues requiring immediate attention may not be identified.

The Growing Connections for Kids Program was established because children in out of home placement in the Denver County foster care system had no safety net to ensure adequate care. This program was established as a partnership project between Denver Health and Hospital Authority (DHHA) and the Denver Department of Human Services (DDHS). It has been the goal of the Growing Connections for Kids (GCFK) project to ensure that children entering the foster care system and out of home placement in Denver County receive comprehensive and coordinated primary care services. This

project was able to provide improved coordination of care for Denver County foster children through a Medical Home model. This model consists of Denver County children entering placement receiving an initial medical examination shortly after placement, the collection of medical history by a specialized Medical Passport Team (MPT) shortly after placement and the transfer of that information into a database and the ongoing care of the children in a specialized clinic entitled the Connections for Kids Clinic (CFKC) where a broad array of preventative and treatment services are provided.

*Relationship to Title V MCH Program:* For the first four years, Kathy Watters, Director of the Children with Special Health Care Needs Unit at the Colorado Department of Public Health and Environment (CDPHE) served on the advisory board of the Growing Connections for Kids project. She has provided a critical connection to the MHC Title V program within CDPHE. In the last year Ms. Watters has left CDPHE to take a job with the U.S. Department of Health and Human Services - Health Resources and Services Administration. While Dr. Wells and Dr. Betts have regular contact with individuals working with Title V MCH programs, we have not yet filled Ms. Watters' position on the GCFK Advisory Board.

*Relationship to Colorado Chapter of the AAP:* Dr. Kathryn Wells, the Project Director on this grant, has been on the Colorado Chapter Board since the inception of this project and has just been elected as the Colorado Chapter of the AAP President for 2012-2014. Therefore, the Chapter provided initial support and continues to be actively involved in this effort as well as distribution of lessons learned throughout the state of Colorado. Additionally, the Colorado Chapter sponsored the Fostering Connections to Success Healthcare Summit in Denver on October 14, 2011. Finally, Dr. Wells has begun to establish a Foster Care/Child Abuse and Neglect Subcommittee of the Colorado Chapter of the AAP, largely based on the work through this grant.

## **2. GOALS AND OBJECTIVES:**

The overall goal for this project was to create a stable and sustainable medical home for children. This goal has been achieved. The Connections for Kids Clinic (CFKC) has been sustained over time and funding for the clinic is secure. The clinic has developed strong partnerships with Denver Department of Human Services and behavioral health providers in the community to ensure integrated care. While the overall goal was met, not every objective of the project was consistently met.

*Goal #1:* Streamline and coordinate health care services for children in foster/kinship care.

*Objective 1a-* A Child Health Passport will be created for 100% of foster care children seen through the CFKC.

*Objective 1b-* A database will be developed that will track child health information for 100% of foster care children seen through the Growing Connections for Kids program.

We initially developed a database to manage health information for children in the Denver County foster care system. Ultimately these enhancements to the health passport were so successful that they were integrated into the Colorado Statewide Automated Child Welfare Information System (SACWIS) called TRAILS where all health passports are now maintained (see below). Much of the general medical information collected is now input directly into that system rather than into this smaller Denver County database.

The Denver County GCFK program established a Medical Passport Team (MPT) to collect medical information on children when they are placed in Denver County's custody. The MPT then places the medical information into the TRAILS database, assists with assuring that medical appointments are made and kept and provides case management for children placed outside the Denver metropolitan area. This team has been quite successful in collecting important health information in

the health passport. Over the course of the last year regular audits of child welfare record in Denver County have shown that 95% to 96% of records contain complete passport information. While it may be unrealistic to believe that every record will contain complete information, we continue to strive for 100%.

*Goal # 2:* Ensure every child in foster care has a medical home.

*Objective 2a-* A registered nurse will be hired to serve as care coordinator within the first 3 months of the grant.

Ms. Jill Groulx was hired to fill this position shortly after receiving the grant and Ms. Groulx continues to be critical to the success of the clinic by providing extensive coordination of healthcare services for children cared for in the Connections for Kids Clinic. Surveys of foster parent satisfaction with the clinic consistently show that more than 90% of foster parents believe that Ms. Groulx is important for the healthcare of their children. A qualitative analysis of comments provided on the surveys show that foster parents see Ms. Groulx as someone that can provide them information on the medical needs of children in their care, since she has often seen the children while they were in a previous foster care placement. They also see her as a resource that can help them access specialty medical care.

*Objective 2b-* A medical home will be developed for 100% of foster care children receiving services through the GCFK.

The Denver Department of Human Services has mandated that all children in foster care in the Denver County Metropolitan area must use the CFKC (waivers are given for children that continue to see a previous primary care provider). This means that these children have a medical home that remains constant even if the child moves from placement to placement. However, just being seen by the same practice does not mean that a child has a medical home. Therefore, the CFKC uses the

Medical Home Index developed by the Center for Medical Home Improvement to ensure that we are maintaining fidelity to the medical home model. The Medical Home Index is not designed to give a score that measures if a practice is a medical home, rather it allows a practice to measure their implementation of the Medical Home Model by looking at a variety of domains within the practice. The CFKC is at either a three or a four (on a four point self-assessment scale) in 19 of 25 domains (76%). This shows that children served by the GCFK project are receiving care in a medical home.

*Objective 2c-* Develop a system that provides for coordinated sharing of medical information between foster parents, health care providers, case managers, and parents.

We have created a system that provides for care coordination and coordinated sharing of medical information through the use of shared consents, documents, and care coordination. The medical staff at the CFKC has access to both the Denver Health medical record and the TRAILS database. This allows them to ensure all relevant information is contained in both the medical and child welfare record. DDHS and DHHA have developed coordinated systems that allow for efficient completion of consents for treatment and sharing of information with caseworkers. Appointments at the CFKC are scheduled so that providers have adequate time to respond to foster parents' questions and provide anticipatory advice. Foster parents have reported that this type of information sharing is critical.

*Goal # 3:* Provide increased preventive health care services.

*Objective 3a-* Provide routine screening for developmental, behavioral, dental, vision, and hearing problems during all well child visits in the CFKC.

Since 2008 the CFKC has routinely screened children under five years old for developmental problems. While we have been screening for developmental problems, we know that children in foster care often have behavioral health needs that go unrecognized. So in 2011 we sought and received

funding through the Colorado Health Foundation for a pilot program (called Developing Integrated Behavioral Health Services/DIBS) to ensure that all children served by the CFKC receive routine screening for behavioral health needs as well. Dozens of screening instruments were reviewed to determine which would best meet the needs of the children (ages birth to 18 years old) seen in the clinic. Three screening instruments were selected and are currently being used: the Ages and Stages Questionnaire- SE, the Pediatric Symptom Checklist and the CRAFFT. The Ages and Stages Questionnaire - Social Emotional (ASQ-SE) is a parent completed behavioral health screening instrument that can be used with children 3 months to 5 years old. The Pediatric Symptom Checklist (PSC) is a brief screening questionnaire that can be used in pediatric practices to identify psychosocial problems in children age 3 to 16 years old. It also has a self-report version that is completed by youth ages 11 to 18 years. The CRAFFT is a self-administered substance and alcohol use screening instrument for youth 11 to 21 years old. All of these instruments are free and have been shown to be valid and reliable. In addition, two pediatric behavioral health clinicians have been co-located in the CFKC. These clinicians provide behavioral health screening, referral and brief intervention for children seen in the clinic.

Dental screening and treatments are provided to all children in the clinic less than three years of age through the Cavity Free at 3 Program. Vision and hearing screening have routinely been integrated into the clinic services and the clinic follows the American Academy of Pediatrics recommendations for well child care scheduling for children in foster care.

*Goal #4:* Denver County will meet or exceed all Federal health care guidelines for foster children.

*Objective 4a-* 90% of children in foster care in Denver County will receive a medical evaluation within 2 weeks.

*Objective 4b-* 90% of children in foster care in Denver County will receive a dental evaluation within 8

weeks.

At times the GCFK grant has been able to meet or exceed this goal. However, in a recent review only 74% to 78% of the medical records indicated a timely medical evaluation and 69% to 75% of records had a timely dental evaluation. Over the course of this grant there has been considerable variation in how well this goal has been met. The reasons for this variability are not clear, since the system used to ensure timely evaluations has not changed and the number of children seen in the CFKC has remained consistent. It is possible that the inconsistency is due to an artifact of how the data is collected rather than variations in the evaluations themselves. Efforts continue to identify the source of this variability so that it can be addressed.

### **3. METHODOLOGY:**

Prior to this project, children being placed into foster care by the Denver Department of Human Services (DDHS) received an initial medical examination at the Family Crisis Center (FCC). However, there was no further continuity of health care once a child was placed with foster parents. Dr. Kathryn Wells, Project Director for this grant, oversees the medical services at the FCC and coordinates this program (0.05 FTE – In-kind contribution from DDHS). Dr. Wells and DDHS recognized that children in their care were not receiving coordinated health care. In an effort to establish a Medical Home for all children Denver County foster care through this project, DDHS created a new policy that any children placed in the Denver metro area are required to receive medical care at the Connections for Kids Clinic (CFKC) which is located at Denver Health’s Eastside Family Health Center. The only time children do not have to be seen at CFKC is if they are to continue to receive regular medical care at their previous primary care provider’s office/medical home. Dr. Lora Melnicoe serves as the Medical Director of the Connections for Kids Clinic (CFKC) (0.4FTE

– In-kind contribution of Denver Health and Hospital Authority) and is supported by Ms. Laura Hix as the Physician Assistant (0.2 – In-kind contribution of Denver Health and Hospital Authority) and other medical personnel as needed including a clinic clerk and medical assistant.

Once this grant was received, we began the project by simultaneously designating the clinic (identifying space, determining hours, designing forms, etc.) and recruiting a specialized nurse case manager. A brochure was developed and we hired Ms. Jill Groulx as our nurse case manager (0.7 FTE Year 1 hired through this grant). We have been very fortunate that Jill has remained with the project throughout the entire time as she has proved to be pivotal to the success of this program. An updated clinic brochure was created later in the project. Forms were developed (Denver Human Services Health Visit Report) which are utilized to collect important medical information for DDHS on children who were being seen at the FCC, clinic or other locations. This form is also utilized by child placement agencies and now contains a list of approved medications as required by many child placement agencies. These forms are forwarded to the Medical Passport Team (MPT) who then inputs the necessary information into the health passport in the TRAILS database.

After the initial examination after placement occurs at the FCC, the children are scheduled within two weeks of placement for a complete medical examination at the CFKC. Medical and family health history is collected by the Medical Passport Team (a collaboration between DDHS and DH) and placed into the Health Passport in the human services statewide data system called TRAILS. The personnel at the CFKC were given access to TRAILS and personnel at DDHS were given access to the medical scheduling system at DHHA. Thorough medical examinations, ongoing well child care, and sick visits are all offered at the CFKC as the child's Medical Home while in placement. Pharmacy and dental services are available on site as well as developmental screening, case management and referrals as needed. Through recent grant support from the Colorado Health Foundation, two Pediatric

Behavioral Health Care Clinicians are also co-located at the CFKC where they are able to provide integrated physical and behavioral health care and case coordination (see further description above).

#### **4. EVALUATION:**

The Growing Connections for Kids project was evaluated using a mix of process and outcome measures. For the results of these measures please see the Results and Outcomes Section.

Due to the small size of this grant, there was little money available to evaluate the effectiveness of this project. Therefore, existing databases were used to gather outcome information for this project. We used the Statewide Automated Child Welfare Information System (SACWIS) called TRAILS and the Denver Health electronic medical record to track children in the foster care system as well as medical outcomes for the children that we served. These outcomes primarily focused on the number of children receiving timely health care. However, these systems did not provide all of the information that was needed to evaluate this project.

In order to gather process information about the project, a number of tools were used in addition to the administrative databases. To measure the effectiveness of the CFKC in implementing the Medical Home model we used the Medical Home Index developed by the Center for Medical Home Improvement (CMHI). The Medical Home Index is a validated tool that can measure a practice's care processes in six domains to determine how well the practice implements the model of Medical Home. Because the Medical Home Index measures how effectively a practice implements the Medical Home model, it is an ideal instrument for process evaluation. We also developed a satisfaction survey to measure foster parents perceptions of the clinic. The survey collected both an overall satisfaction score as well as scores about specific areas in which the clinic can be improved.

Finally, key project staff members were asked to keep a month by month journal during the first year of the project. Staff members were asked to include information in their journal about the development and design of the project. These journals helped provide an ongoing picture of how the project evolved and helped to identify specific areas in which the clinic could be improved.

We attempted a return on investment analysis. However, it proved very difficult to gather specific cost data because of the various systems involved. A modified cost analysis was completed in which we were able to determine that the addition of a nurse case manager was sustainable through increased Medicaid billing.

## **5. RESULTS AND OUTCOMES:**

The Growing Connections for Kids (GCFK) Program has been successful in creating a stable and sustainable medical home for children. We have been able to streamline and coordinate health care services for children in foster/kinship care in Denver County. This was achieved by creating a health passport system for collecting medical information and monitoring ongoing healthcare. This was first accomplished through a Denver County specific database which was so successful that major elements were eventually incorporated into Colorado's Statewide Automated Child Welfare Information System (SACWIS) called TRAILS. We also created a Medical Passport Team which assists in collecting important medical information and inputting that information into the Child Health Passport in TRAILS. Although financial strains and budget reductions have caused a reduction in the size of this team, we have continued to work to gather and manage essential healthcare information and this has created a model promoted to child welfare professionals throughout the state. Additionally, this model for child welfare management of healthcare information was featured in the CW 360 Publication of the Center for Advanced Studies in Child Welfare as a national model.

We have created and sustained a system which assures a medical home for Denver County children in foster care. Denver County foster children residing in the metropolitan region are cared for at the Connections for Kids Clinic where a consistent nurse case manager plays an essential role in assuring continuity of their care including developmental and behavioral health screens, vision and hearing screens and dental preventative services. The clinic coordinates needed subspecialty care and works closely with DDHS to assure close communication to meet these vulnerable children’s needs through the use of shared consents, documents, and care coordination. This allows them to ensure all relevant information is contained in both the medical and child welfare record. Routine screening for developmental, behavioral, dental, vision, and hearing problems during all well child visits in the CFKC consistently occurs, assuring foster children cared for through this system have early identification of any healthcare needs and coordination of their treatments. The recent expansion to fully integrated behavioral health services further enhances the care of these children.

Below are charts that represent the number of CFKC visits by month from the beginning of the project through 2010 as well as the CFKC visits for 3/1/11-2/29/12 broken out by racial and ethnic groups:

CFKC Patients by Month/Year

		2007	2008	2009	2010
Month	January		189	171	166
	February		178	198	201
	March		179	186	209
	April		210	168	208
	May	54	170	173	185
	June	66	161	153	238
	July	81	171	164	188
	August	110	166	172	187
	September	119	164	186	209
	October	119	222	158	238
	November	156	170	169	198
	December	106	177	174	206
	TOTAL	811	2157	2072	2433

Race \* Ethnicity \* Age Crosstabulation

Age				Ethnicity		Total
				Hispanic	Non-Hispanic or Unknown	
< 12 months	Race	American Indian or Alaska Native	Count	0	1	1
			% within Ethnicity	0.0%	2.6%	1.4%
		Asian	Count	0	1	1
			% within Ethnicity	0.0%	2.6%	1.4%
		Black or African American	Count	1	9	10
		% within Ethnicity	3.2%	23.7%	14.5%	
	Unknown	Count	0	1	1	
		% within Ethnicity	0.0%	2.6%	1.4%	
	White	Count	30	26	56	
		% within Ethnicity	96.8%	68.4%	81.2%	
	Total	Count	31	38	69	
		% within Ethnicity	100.0%	100.0%	100.0%	
1 - 25 years	Race	American Indian or Alaska Native	Count	2	5	7
			% within Ethnicity	0.5%	0.9%	0.7%
		Asian	Count	0	25	25
			% within Ethnicity	0.0%	4.3%	2.6%
		Black or African American	Count	10	289	299
		% within Ethnicity	2.5%	50.3%	30.7%	
	Unknown	Count	3	4	7	
		% within Ethnicity	0.8%	0.7%	0.7%	
	White	Count	383	252	635	
		% within Ethnicity	96.2%	43.8%	65.3%	
	Total	Count	398	575	973	
		% within Ethnicity	100%	100%	100%	

### Unexpected Outcomes:

We had hoped to see a higher percentage of children meeting the requirements of timely medical and dental evaluations but realized that there are many components needed to achieve this that involve several systems to include the healthcare system, child welfare and foster parents. We also feel that the underachievement of desired numbers was also related to difficulty in consistent data collection tools across the medical and child welfare systems. Inability to cleanly share data between these two major systems made tracking somewhat difficult.

## **Other Outcomes: Collaborative Partnerships:**

We feel that one of the strongest outcomes of this project was the development and strengthening of key partnerships needed to meet the healthcare needs of children in foster care. The collaborations between the healthcare community, child welfare and Medicaid were and still are critical to the creation of collaborative systems of care to meet the ongoing needs of this vulnerable and challenging population.

## **6. PUBLICATIONS AND PRODUCTS:**

*Following is a list of Products from this project:*

*Patient education handouts:* general clinic information sheet, common behavioral problems – for foster/kin parents, caseworkers, children/youth (contact Jill Groulx, RN; 501 28<sup>th</sup> St, Denver, CO, 80205; 303-436-4597; Jill.Groulx@dhha.org)

*Brochure:* Connections for Kids Clinic – for caseworkers, foster/kin parents, children/youth, medical providers, general public (contact Dr. Wells)

*Denver Human Services Health Visit Report Form:* Filled out by the medical provider for use by the Denver Department of Human Services in noting the child's medical care, medications, diagnoses, treatment and follow-up plan (contact Dr. Wells)

*RN Case Management Productivity Log:* Used by the CFKC nurse case manager to capture time spent in various tasks in order to measure nurse productivity in a non-traditional setting to assist in the proper role definition, funding and staffing patterns (contact Peggy Baikie, DNP; 2929 W. 10<sup>th</sup> Ave, Denver, CO, 80204; 720-944-3745; Peggy.Baikie@dhha.org)

*Patient Satisfaction Survey:* A form that was developed to assess patient and family satisfaction of the clinic and identify any problems encountered or areas in need of improvement (contact Dr.

William Betts; The Gary Pavilion, The Children's Hospital, 13123 E. 16th Ave B390, Aurora, CO 80045; 303-594-9843; william.betts@ucdenver.edu)

***Following is a list of Posters and Presentations from this project:***

*Presentation:* “Growing Connections for Kids” - Adoption Alliance, Denver, CO, 1/14/08 – child placement agency

*Presentation:* “Growing Connections for Kids Program” - Ariel Clinical Services Agency Meeting, Denver, CO, 4/17/08 - child placement agency

*Presentation:* “Growing Connections for Kids Program” - Maple Star Child Placement Agency Annual Meeting, Denver, CO, 5/8/09 - child placement agency

*Panel Presentation:* “Growing Connections for Kids – Creating a Medical Home for Children in Foster Care” - American Academy of Pediatrics Future of Pediatrics Conference, Anaheim, CA, 2/28/09 - Pediatricians

*Presentation:* “What Every Foster Parent Should Know...and Then Some” - Colorado State Foster Parent Association 2010 Annual Education Conference, Breckenridge, CO, 10/21/10 – foster parents, child welfare caseworkers

*Presentation:* “Medical Care of Foster Children” - Denver Health Pediatric Grand Rounds, 2/16/11 (contact Dr. Lora Melnicoe; 501 28th St, Denver, CO, 80205; 303-436-4686; Lora.Melnicoe@dhha.org)

*Poster Presentation:* “Measuring RN Productivity in a Non-Traditional Clinic Setting” – Presented at the American Academy of Ambulatory Care Nursing National Conference, San Antonio, TX, 4/6-8/11 – nursing professionals (contact Peggy Baikie, DNP; 2929 W. 10th Ave, Denver, CO, 80204; 720-944-3745; Peggy.Baikie@dhha.org)

*Poster:* “Measuring RN Productivity in a Non-Traditional Clinic Setting” – HRSA Leadership Project

at the Colorado Center for Nursing Excellence, Denver, Colorado, 6/22/10 – medical professionals (contact Peggy Baikie, DNP; 2929 W. 10th Ave, Denver, CO, 80204; 720-944-3745; Peggy.Baikie@dhha.org)

*Presentation:* “Growing Connections for Kids Program” - DDHS Supervisors Meeting Presentation, Denver, CO, 8/10/11 – child welfare supervisors

*Conference:* Held the first ever “Fostering Connections to Success Healthcare Summit” in Denver, 10/14/11 – attended by high-level stakeholders from the Colorado Department of Human Services, several Colorado county departments of human services, the medical community (including physical, oral and behavioral health), and the legal/judicial community as well as former foster youth and representatives from the foster parent community. The summit was planned in hopes of bringing awareness of the Fostering Connections legislation, especially around healthcare issues of children and youth involved in the child welfare system.

*Panel Presentation:* “Addressing the Behavioral Health Needs of Children and Youth in Out-of-Home Placement - Developing Integrated Behavioral Health Services” - Colorado Child and Adolescent Mental Health Conference, Fort Collins, CO, 4/16/12 (Dr. Wells, Dr. Betts, Lynn Garst, John Kiekhefer) – child welfare, treatment providers, probation officers, judicial system

*Presentation/Workshop:* “Growing Connections for Kids – A Model for Providing Healthcare for Children in Foster Care” – Colorado Child Welfare and the Courts Conference – Doing What Works: Recognizing and Implementing Best Practice for Children, Youth and Families, Keystone, CO, 5/24/12 – child welfare, foster parents, judicial, probation, treatment providers

***Following is a list of Publications from the project:***

*White Paper:* “Meeting the Behavioral Health Needs of Children in Foster Care – A Plan for Denver County”, April 2010 (Dr. Betts, Dr. Wells, Nancy Koester, Dr. Robert Werthwein, Cece Liang,

Kendra Alfson, Dr. Simon Hambidge – contact Dr. William Betts; The Gary Pavilion, The Children's Hospital, 13123 E. 16th Ave B390, Aurora, CO 80045; 303-594-9843; william.betts@ucdenver.edu)

*Publication:* “Electronic Medical Passports for Improving Outcomes for Children in Foster Care” – Center for Advanced Studies in Child Welfare CW 360 Publication, Spring 2011 (contact Ron Mitchell; 1200 Federal Blvd, Denver, 80204, 720-944-2930, Ron.Mitchell@denvergov.org or Toni Rozanski; 1200 Federal Blvd, Denver, CO, 80204; 720-944-2735; Toni.Rozanski@denvergov.org) – child welfare professionals

*Publication:* Featured in “In the Grantee’s Words” Healthy Tomorrows Partnership for Children Publication, American Academy of Pediatrics.

*Publication/Book Chapter:* “Medical care of Children in Foster Care” in Berman’s Pediatric Decision Making eds. Bajaj, Hambidge, Kerby and Nyquist. Elsevier, 2011 (contact Dr. Lora Melnicoe; 501 28th St, Denver, CO, 80205; 303-436-4686; Lora.Melnicoe@dhha.org)

## **7. DISSEMINATION AND UTILIZATION OF RESULTS:**

The concepts and program developed through this grant have been shared and disseminated widely through publications, multiple talks at conferences, and in a large multidisciplinary conference held by this grant team. Additionally the grant team now works with Colorado’s Department of Healthcare Policy and Financing (HCPF) Children’s Advisory Committee which is working with the Colorado Department of Human Services (CDHS) to draft a statewide approach to providing healthcare for children in foster care. HCPF has been actively working to implement a medical home model which is the model we believe is most appropriate for the provision of healthcare services for

children in foster care. CDHS has utilized HCPF's Children's Services Steering Committee/Children's Advisory Committee for the development of the state's response to the Federal government's Fostering Connections to Success Act's requirements regarding healthcare of children in foster care. HCPF is utilizing the Children's Advisory Committee as the convening body in Colorado to develop the Health Care Oversight and Coordinating Plan to address the Fostering Connections to Success Act requirements relating to health care.

To begin to explore the issue of developing a comprehensive, integrated approach to healthcare for Colorado children in out of home placement, our grant team organized and held a multidisciplinary conference entitled the Fostering Connections to Success Healthcare Summit in Denver on October 14, 2011. This very exciting and successful conference brought together high-level stakeholders from the Colorado Department of Human Services, several Colorado county departments of human services, the medical community (including physical, oral and behavioral health), the legal/judicial community, former foster youth and representatives from the foster parent community. The Growing Connections for Kids grant team was one of the panelists describing CFKC as a potential model approach to meeting the healthcare needs of foster children in Colorado. The summit was planned in hopes of bringing awareness of the Fostering Connections legislation, especially around healthcare issues of children and youth involved in the child welfare system. This summit was the first step in a longer process of ensuring the wellbeing of children and youth in the child welfare system in Colorado.

Finally, the grant team is committed to disseminating lessons learned outside of Colorado as well. Both Drs. Wells and Melnicoe (the project's co-directors) are active members of the American Academy of Pediatrics (AAP) Council on Foster Care, Adoption and Kinship Care and through that organization will monitor national efforts and contribute lessons learned whenever appropriate or possible. Dr. Melnicoe has submitted an abstract related to information obtained in the CFKC to the

AAP's National Conference and Exhibition in New Orleans, LA in October 2012. Additionally, Dr. Wells attended the Robert Wood Johnson Foundation and University of Washington State Foster Care Roundtable Planning Session in Seattle, WA in February 2010 and through that effort is in communication with other programs exploring issues of healthcare for children in foster care nationally.

## **8. FUTURE PLANS AND SUSTAINABILITY:**

Denver Health and Hospital Authority has maintained support for the nurse case manager position for the Connections for Kids Clinic. Additionally, funding has already been obtained from the Colorado Health Foundation for the behavioral health integration efforts at the CFKC through the Developing Behavioral Health Services (DIBS) program which is currently ongoing.

The planning committee for the Fostering Connections to Success Healthcare Summit has already met to review the (very positive and enthusiastic feedback) and plan the next steps. We have all agreed to continue to work together through HCPF's Children's Services Steering Committee/Children's Advisory Committee as a base for ongoing planning. We anticipate future conferences as well as the development of a statewide plan to assure coordinated healthcare for children in foster care. We have identified potential funding sources and Dr. Kathryn Wells has applied to the Caring for Colorado Foundation for a planning grant to begin to develop such a statewide plan. We have also talked with many other funding agencies including the Colorado Health Foundation.

The Advisory Board that was established with this grant has elected to continue to meet on a quarterly basis even after the completion of the formal project. This will serve as a forum for ongoing discussion about improvements and enhancements for the program as well as the development of

potential new partnerships, services, and funding sources.

FINAL ABSTRACT

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2. GOALS AND OBJECTIVES: The overall goal for this project “to create a stable and sustainable medical home for children” has been achieved through the establishment of the Connections for Kids Clinic (CFKC) which has been sustained and funding for the clinic is secure. *Goal #1:* Streamline and coordinate health care services for children in foster/kinship care. A database was developed to manage health information for children in the Denver County foster care system and a team was established to collect and coordinate medical information on children when

they are placed in Denver County's custody. Over the course of the last year regular audits of child welfare record in Denver County have shown that over 95% of records contain complete health passport information.

*Goal # 2:* Ensure every child in foster care has a medical home.

Through the grant, a nurse case manager for the CFKC was hired and continues to be critical to the success of the clinic by providing extensive coordination of healthcare services for children cared for in the CFKC. Surveys of foster parent satisfaction with the clinic consistently show that more than 90% of foster parents believe that this case manager is important for the healthcare of their children. The Medical Home Index developed by the Center for Medical Home Improvement was used to ensure that we are maintaining fidelity to the medical home model and showed that children served by the GCFK project are receiving care in a medical home. Finally, the GCFK program has created a system that provides for care coordination and coordinated sharing of medical information through the use of shared consents, documents, and care coordination.

*Goal # 3:* Provide increased preventive health care services.

Since 2008 the CFKC has routinely screened children under five years old for developmental problems and in 2011 a pilot program was added to ensure that all children served by the CFKC receive routine screening for behavioral health needs as well. Dental screening and treatments are provided to all children in the clinic less than three years of age through the Cavity Free at 3 Program. Vision and hearing screening have routinely been integrated into the clinic services.

*Goal #4:* Denver County will meet or exceed all Federal health care guidelines for foster children.

At times the GCFK grant has been able to meet or exceed this goal. However, over the course of this grant there has been considerable variation in how well this goal has been met. The reasons for this variability are not clear, since the system used to ensure timely evaluations has not changed and the

number of children seen in the CFKC has remained consistent. It is possible that the inconsistency is due to an artifact of how the data is collected rather than variations in the evaluations themselves.

3. **METHODOLOGY:** In an effort to establish a Medical Home for all children in Denver County foster care, DDHS created a new policy that any Denver County foster children placed in the Denver metro area are required to receive ongoing regular medical care at the Connections for Kids Clinic (CFKC). Through this grant, a specialized nurse case manager was hired to provide care coordination for children seen at the clinic. The GCFK program consists of an initial medical examination after placement followed by ongoing medical care at the CFKC. Medical and family health history is collected and placed into a database. Thorough medical examinations, ongoing well child care, and sick visits are all offered at the CFKC which functions as the child's Medical Home while in placement. Pharmacy and dental services are available on site as well as developmental screening, behavioral health screening and brief intervention, case management and referrals as needed.

4. **EVALUATION:** The Growing Connections for Kids project was evaluated using a mix of process and outcome measures. Existing databases were used to gather outcome information for this project. The outcomes primarily focused on the number of children receiving timely health care. Process measures included The Medical Home Index which was utilized to measure the effectiveness of the CFKC in implementing the Medical Home model and a satisfaction survey that was used to measure foster parents' perceptions of the clinic.

5. **RESULTS AND OUTCOMES:** The Growing Connections for Kids (GCFK) Program has been successful in creating a stable and sustainable medical home for Denver County children in foster care in which health care services for children in foster/kinship care in Denver County are streamlined and coordinated. This was achieved by creating a health passport system for collecting medical information and monitoring ongoing healthcare. Routine screening for developmental, behavioral,

dental, vision, and hearing problems during all well child visits in the CFKC consistently occurs, thereby assuring foster children cared for through this system have early identification of any healthcare needs and coordination of their treatments. Key partnerships between the healthcare community, child welfare and Medicaid, needed to meet the healthcare needs of children in foster care, were developed and strengthened.

6. PUBLICATIONS AND PRODUCTS: Products include patient education handouts, brochures, a health visit report form, a nurse case management productivity log, a patient satisfaction survey, and multiple presentations and posters to multiple groups including medical, nursing, child welfare, Medicaid and court professionals at local, regional and national meetings. A statewide conference was held and multiple publications were achieved including a book chapter for physicians.

7. DISSEMINATION AND UTILIZATION OF RESULTS: The concepts and program developed through this grant have been shared and disseminated widely through publications, multiple talks at conferences, and in a large multidisciplinary conference held by this grant team. The grant team is working with Colorado's Department of Healthcare Policy and Financing (HCPF)/Medicaid and the Colorado Department of Human Services (CDHS) to draft a statewide approach to providing healthcare for children in foster care.

8. FUTURE PLANS AND SUSTAINABILITY: DHHS has maintained support for the nurse case manager position for the Connections for Kids Clinic and additional funding has been obtained for the behavioral health integration efforts at the CFKC. We will continue to work together with HCPF and CDHS on the development of a statewide plan to assure coordinated healthcare for children in foster care. We have identified potential funding sources and Dr. Kathryn Wells has applied for a planning grant to begin to develop such a statewide plan.

**ANNOTATION:**

Growing Connections for Kids (GCFK) is a collaborative program between Denver Health and Hospital Authority and the Denver Department of Human Services which provides coordinated healthcare for Denver County children in foster care through the establishment of a medical home. This program tracks each child's medical history through Child Health Passports and a database and a nurse care coordinator monitors and ensures adequate receipt of care for foster children. Although challenges were faced integrating efforts between two large agencies, the program was overall successful in meeting the goal of coordinating health care services for children in foster and kinship care and creating a system to ensure every child in foster care has a medical home. GCFK was very successful in providing increased preventive health care services for Denver County children in foster care and has expanded to fully integrate developmental and behavioral health screens, brief interventions and referrals to treatment as needed for this high needs population. Although the final goal of meeting or exceeding all federal guidelines regarding health care for children in foster care was not achieved, it is believed with ongoing services that this can be accomplished. Brochures, flyers and multiple presentations provide dissemination of information about the program and satisfaction surveys and advisory board meetings provide a means for continued improvement and enhancements.

**KEY WORDS:**

Behavioral health  
Child health services  
Child welfare  
Developmental screening  
Foster care  
Healthcare  
Health Passport  
Medical home  
Medical records  
Nurse Case Manager  
Pediatricians  
Preventive health services