



**HEALTH CARE OVERSIGHT AND
COORDINATION PLAN
2015-2019**

(Revised June, 2014)

Background

All children are entitled to health services that identify their conditions and needs, diagnose and treat any identified problems, and initiate appropriate follow-up and preventive health care. The CFS Division staff has developed a Health Care Services Plan that builds on work already being done in the state through the Governor’s Healthy North Dakota Initiative. The CFS Division’s plan embraces the efforts of statewide committees such as Healthy North Dakota Early Childhood Alliance (HNDECA) and North Dakota Social Emotional Developmental Alliance (NDSEDA). CFS Division staff sit on these committees and the members of each meet regularly to tackle the complex issues specific to the health care needs of our children.

ND CFS DIVISION – HEALTH CARE SERVICES PLAN FFYs 2015 - 2019		
STRATEGIES	ACTION STEPS	Comments
1. Develop a schedule for initial and follow up health screenings that meet reasonable standards of medical practice.	a. North Dakota will continue to use the Health Tracks Screenings process within the first 30 days of foster care placement.	a. The practice of scheduling Health Tracks Screenings within the first 30 days of foster care placement continues.
	b. The CFS Division staff will review/update the policy concerning Health Tracks Screenings for foster children.	b. Policy is in place through the CFS Division that sufficiently addresses the provision of screenings for all children placed in care. Similar policies are in place through the Mental Health and Substance Abuse Division and Medical Services Division.
	c. The CFS Division staff will consult with the Head Start Collaboration Administrator regarding dental care for foster children.	c. The North Dakota Oral Health Strategic Plan and updates continue to be accessible at http://www.ndhealth.gov/oralhealth . The continued efforts of the Ronald McDonald Care Mobile (RMCM) assist in reducing oral health gaps between needs and services for North Dakota children. The most recent Service Delivery Summary indicates that the Care Mobile visited 43 sites, 880 children, with a total value of treatment provided estimated at \$470,148 from January to December of 2013. Approximately 71% of those children were uninsured, with 25% utilizing Medicaid and 4% having private insurance. This is consistent with the last years statistics. The Head Start State Collaboration Office Administrator continues to work with the RMCM Advisory Board and is a member of the North Dakota Oral Health Coalition, providing linkages between systems of care and educating partners on the needs of North Dakota’s under-served children. In addition, as part of the Healthy North Dakota committee, the HSSCO Administrator collaborates with health partners to maintain communication across state and private agencies regarding initiatives affecting children and families in North Dakota.
	d. A representative from ND Medicaid is a member of the Health Care Oversight committee to assure continuation and promotion of the Health Tracks Screenings plan.	d. A representative from ND Medicaid works closely with CFS Division staff and the Children’s Mental Health administrator to foster the plan ensuring physical, dental, and mental health assessments are routinely completed during Health Tracks Screenings.
	e. Health needs identification; monitoring and treatment are accomplished through the Health Tracks Screening Plan.	e. The North Dakota Social Emotional Development Alliance (NDSEDA), in partnership with ND Medicaid, provides annual training to all state Health Tracks Screeners on specific evidence-based assessment instruments as well as needs identification and treatment referral.
	f. The CFS Division staff, in collaboration with the Children’s Mental Health Administrator, will gather information concerning any pilot projects occurring in North Dakota or neighboring states that are aimed at addressing mental health screenings for foster children.	f. Through the work of the ND Social Emotional Development Alliance, the Health Care Oversight committee and the Division of Mental Health and Substance Abuse, information on pilot projects in North Dakota or neighboring states will be collected, analyzed and distributed as appropriate.



2. Determine how medical information will be updated and appropriately shared.	a. The CFS Division Director will invite a representative from ND Medicaid, a pediatrician, and other experts in health care and child welfare services to assist with the development of the Health Care Oversight and Coordination Plan.	a. In May 2014, a Health Care Oversight Committee was formed to assist with the development and coordination of the Health Care Oversight and Coordination Plan. ND Medicaid continues at the table in addition to representatives from CFS, DHS Mental Health and Substance Abuse Division, ND State Health Department, local Public Health unit, UND CFS Training Center, Division of Juvenile Services, private mental health providers, pharmacy, psychiatry, Human Service Centers, PRTF's, and RCCF's, The FRAME system has streamlined the sharing of medical information across systems.
	b. The CFS Division staff will collaborate with health professionals regarding the ACA "Health Exchange" to track foster children's medical care while they are in foster placement.	b. It has been determined that the "Health Exchange" provision of the Affordable Care Act will help NDDHS to accomplish this goal. Due to the delay in rolling out the "Health Exchange" provision of the Affordable Care Act, this action step continues into the current five-year plan.
	c. FRAME, as an electronic record, will maintain current medical information on all foster children. Physicians/psychiatrists will be included as team members so that they receive the plan of care updates.	c. Partnerships (children's mental health) and child welfare workers use FRAME as their management information system to include documentation of all youth medical information. The workers extend invitations to physicians and/or psychiatrists to attend team meetings. The workers ensure the medical personnel have updated care plans to include medical and emotional/behavioral health goals.
3. Develop a plan to ensure the continuity of health care services which may include establishing a medical home for every child in care.	a. Case workers will utilize both the Health Tracks Screenings and the Child & Family Team Meetings as a means to review the continuity of health care services.	a. Caseworkers are utilizing Health Tracks Screenings and Child & Family Team Meetings as a means to ensure continuity of health care services. The FRAME system will continue to be used to document these efforts.
4. Oversee prescription medications for all foster care children.	a. Case workers will review current prescription medications at the Child & Family Team Meetings.	a. Partnerships (children's mental health) and child welfare workers use FRAME as their management information system for documentation of prescription medications for all youth involved in the program, so it can be assessed ongoing at the Child & Family Team meetings. The Child & Family Team outline is a resource tool provided as a link in FRAME to assist case managers in covering all necessary information at the child and family team meetings. Medical information, including prescription medication updates, is one of the items tabbed in this outline. Regional Supervisors ensure all items on the outline are addressed at team meetings.
	b. Medication updates will be documented in the FRAME system.	b. Partnerships (children's mental health) and child welfare workers use FRAME as their management information system for documentation of medication updates on all youth involved in the program.
	c. Physicians/psychiatrists will be included as team members and provided with care plans and updates to the care plan.	c. Partnerships (children's mental health) and child welfare workers extend invitations to physicians and/or psychiatrists to attend team meetings and provide them with care plans/updates to the care plan. A pediatrician and a psychiatrist are members of the Health Care Oversight Committee and review the use of psychotropic drugs by North Dakota foster youth based on Medicaid data.
5. Actively consult with and involve physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical	a. Case workers will report consultations with medical personnel at the Child & Family Team Meetings and will document updates in FRAME.	a. The Child and Family Team Meeting Outline will be utilized by Regional Supervisors, County Supervisors, and workers to guide team meetings and ensure all areas are covered including the health and well-being of children. Partnerships (children's mental health) and child welfare workers provide updates on medical consultations at team meetings and the updates are documented in FRAME.
	b. The CFS Division staff members and the Children's Mental Health Administrator will participate on the Healthy North Dakota Early Childhood Alliance (HNDECA), a	b. The Head Start Coordinator, representing the CFS Division, and the Children's Mental Health Administrator will continue their participation in the HNDECA meetings held quarterly.



treatment for the children.	subgroup of the Governor's Healthy North Dakota Initiative.	
	c. The North Dakota Children's Social Emotional Development Alliance (NDEDA), along with HNDECA, recommend the development of an MOA/MOU with Medicaid to ensure providers will offer Health Tracks Screenings, to include mental health screenings, to all children in care.	c. ND Medicaid developed and disseminated policy requiring that all children who receive a Health Tracks Screening will have an evidenced-based mental health screening completed. Therefore, an MOU was not needed.
6. The state will monitor and treat emotional trauma associated with a child's maltreatment and removal from the home.	a. The ND Department of Human Services will continue to support the provision of the Treatment Collaborative for Traumatized Youth through the regional human service centers and promote the System of Care Expansion Grant training plan.	a. With financial assistance from a System of Care grant from SAMSA, DHS Mental Health and Substance Abuse Division initiated a plan to provide trauma-informed practice training to all child welfare workers in North Dakota including: counties, Division of Juvenile Services, human service centers, private providers and CFS. This training has been incorporated into the Child Welfare Certification program and trauma informed practice will continue to be developed in the upcoming five years.
	b. County social service agencies and DJS agencies will continue to refer children and youth as appropriate to the TF-CBT (Trauma Focused Cognitive Behavior Therapy) and SPARCS groups at the regional human service centers.	b. The CFS Division and CMHSA will continue to monitor the regional human service center data on referrals to TCTY and SPARCS.
	c. PATH (therapeutic foster care) staff and foster parents have received the Trauma Training through TCTY so they can address trauma issues with the children and youth they serve.	c. PATH ensures ongoing trauma training for new staff and therapeutic foster parents joining their agency.
7. Psychotropic medications for children in the foster care system will be monitored, protocols will be written, and a state plan will be developed and disseminated.	a. A workgroup with representation from CFS Division, Medical Services Division (MS), and Children's Mental Health Division (CMHSA) will be convened.	a. The Health Care Oversight committee, formerly known as the Psychotropic Medication Committee, maintains responsibility for monitoring the psychotropic drug use for children in foster care and review of this Health Care Oversight and Coordination Plan. The Health Care Oversight committee will address psychotropic drug use among foster youth and monitor and advise MHS regarding the roll out and continuation of trauma-informed practice training.
	b. Data will be gathered and analyzed.	b. Data has been gathered and analyzed surrounding the use of psychotropic medications among all foster children in ND comparing their use of psychotropic medications to non-foster children in ND. This data was also compared to national averages. Another data draw has been requested which has expanded the number of categories of psychotropic drugs that will be compared. The data will be stratified into a number of categories for purposes of comparison to determine prevalence, patterns, and areas of concern as a next step in the analysis. These include: type/category of drug, number/category of drug(s) prescribed to each recipient, provider prescribing the drug(s), prescribing provider's specialty, number of drug recipients by county & number/types of drugs prescribed, age of child prescribed medications, and demographic information. Another data draw was completed that expanded the number of categories of psychotropic drugs that were being prescribed to foster youth. This allowed for a broader range of medications to be compared between foster youth and the general population of youth. Further data draws will be completed in the future to look at trends of medication usage.
	c. The ND Administrative Code surrounding the consent and usage of psychotropic medications in	c. The ND Administrative Code for residential facilities addresses the consent and usage of psychotropic medications. CFS staff and the Children's Mental Health Coordinator will continue to



	residential facilities (PRTFs and RCCFs) will be reviewed and revised as necessary.	review and revise these rules as necessary.
	d. Protocols are written and disseminated to state and tribal child welfare providers.	d. Informational resources provided by the CB continue to be utilized in taking steps toward the formulation of specific protocols. Policy, training ideas, and consent forms have been gathered from other states to assist in North Dakota's development of protocols and monitoring methods. The Health Care Oversight committee will be instrumental in reviewing and recommending protocols. Information that is gathered and the protocols developed are important steps in identifying patterns through which overuse or misuse can be proactively addressed.
	e. Training to the field will be provided.	e. The Healthcare Oversight Committee is considering options for training to the field surrounding awareness of psychotropic drug use and how treating youth experiencing trauma may reduce the usage of psychotropic drugs.
8. A health care transition plan for youth aging out of foster care is developed to include options for health insurance, information about a health care power of attorney, health care proxy or other similar document recognized under state law.	a. The transition plan including components of health care needs of youth aging out of foster care is developed and offered to youth aging out of foster care.	<p>a. Effective October 1, 2010 North Dakota foster care case managers must inform youth age 17+ (prior to discharge) about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to do so, they do not want or have a relative who could make health care related decisions on their behalf. ND foster youth complete a discharge checklist within 90 days of discharge that addresses many topics that will assist in their transition to adulthood. Foster care case managers, Chafee Independent Living Coordinators and youth work together to complete discharge checklist items. A "health care directive" is noted on the checklist as a required discussion. This document enables youth to make decisions now about medical care in the future. Forms and directions related to health care directives are found at www.legis.nd.gov/cencode/t23c065.pdf.</p> <p>In addition, ND Children & Family Services created an informational brochure, "Health Care Directives, A Guide to Assist Youth Aging Out of Foster Care," DN 35, which is provided to each youth when completing the checklist and developing their transition plan before discharge. For youth who have left foster care and are Foster Care Alumni receiving the ETV; the Chafee Independent Living Coordinator follows up on this topic ongoing. The ETV application includes a checklist of required items, and health care directives are included on the checklist for discussion. Since inception of this rule, North Dakota has experienced that not all youth want to complete a Health Care Directive. The decision is respected, however, continued training occurs to best educate young people on the process.</p>

