

State of Hawaii
Department of Human Services
Social Services Division
Child Welfare Services Branch

Health Care Oversight and Coordination Plan

FFYs 2015 - 2019

Each child that enters foster care receives an initial health screening and assessment physical exam, and referral for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for prevention, early diagnosis, and medically necessary treatment of conditions revealed by the screening. Each child is also provided with State health insurance. Within 45 days in foster care, each child is provided with a Comprehensive Physical Exam. After the Comprehensive Exam, CWSB follows the EPSDT Medical (Physical and Mental) Health Screening Assessments Schedule, explained in item b. below.

I. MedQuest

The Fostering Connections Act of 2008 requires CWSB and the DHS MedQuest Division (MQD) to provide a continuum of health care for foster children.

Children who remain in the home receive medical plan coverage through their parents' or legal custodian's health plan. Children in out-of-home care are provided DHS' MedQuest health care services plan. This plan was developed by DHS in consultation with appropriate health care providers as well as experts and consumers of CWSB services.

The QUEST health plans pay contracted health care providers for medical services received by enrollees. Dental services for QUEST recipients are covered on a fee-for-service basis. The QUEST covered services include, but are not limited to:

- A. In-patient and out-patient hospital and clinical services (including X-ray and laboratory examinations)
- B. Physicians' services
- C. Nursing facility and home health services
- D. Drugs
- E. Biological and medical supplies (medical equipment and appliances)
- F. Podiatry (foot care)
- G. Whole blood
- H. Eye examinations, refraction and eyeglasses
- I. Dental services (individuals age 21 and older have an annual payment limit for non-emergency services)
- J. Family planning services
- K. Psychiatric/psychological services

- L. Diagnostic, screening, preventive and rehabilitative services
- M. EPSDT services
- N. Prosthetic devices (including hearing aids)
- O. Transportation to, from, and between medical facilities (including inter-island or out-of-state air transportation, food, and lodging as necessary)
- P. Respiratory care services
- Q. Hospice care services

II. **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)**

The purpose of the EPSDT Program is to provide Medicaid-eligible infants, children and youth under age 21 with quality comprehensive health care through primary prevention, early diagnosis, and medically necessary treatment of conditions.

The scope of required services for the EPSDT Program is broader than for the Medicaid Program. According to the EPSDT statutory provisions of the federal Omnibus Budget Reconciliation Act of 1989 (OBRA '89), if medical conditions, defects, or illnesses are discovered as a result of an EPSDT screening, the State is mandated to cover the costs for all services (specifically, all Title XIX services that are included in Section 1905(a) of the Act) that are needed to treat, correct, or ameliorate these conditions.

EPSDT services include:

- Complete medical and dental exams;
- Hearing and vision tests, laboratory tests;
- Immunizations and skin tests for tuberculosis (TB);
- Assistance with necessary scheduling and transportation upon request.
- Unlimited mental health benefits.

An outline of the EPSDT Program follows.

A. Medical (Physical and Mental) Health Screening Assessments Schedule:

1. Infancy: By age 1 month, and at 2, 4, 6, 9, and 12 months;
2. Early Childhood: At 15, 18, and 24 months, and at 3 and 4 years old;
3. Late Childhood: At 5, 6, 8, 10, and 12 years old; and
4. Adolescence: At 14, 16, 18, and 20 years old.

B. Preventive Dental Services (Once every six months beginning at age 12 months)

1. Examination
2. Prophylactic treatment
3. Sealing and polishing

C. Diagnosis and Treatment Services for Covered Services and Non-Plan Services:

1. Inpatient, outpatient hospital and clinic services, including x-ray and laboratory examinations;

2. Drugs, biological and medical supplies including medical equipment and appliances;
3. Physicians' (including osteopathic) services;
4. Nursing facility services and home health services;
5. Whole blood;
6. Eye examination, refractions and eye glasses; and
7. Hospice care services.

III. Kapiolani Child Protection Center (KCPC)

KCPC Medical Services specializes in treating children who are abused and neglected. They treat children at three locations on Oahu: Honolulu, Ewa Beach, and Waianae. They provide pre-placement exams (mandatory physical exams when a child enters foster care or changes placement setting), forensic exams, and follow-up comprehensive health exams for foster youth. KCPC is also able to provide ongoing follow-up medical services. However, KCPC is only on Oahu. Children in foster care on the neighbor islands are seen for the necessary exams in hospital emergency rooms and in the offices of their primary care physicians. KCPC's MDT, medical record review, and medical consultation services are available on all islands.

IV. Health Care Monitoring

Health care needs for foster children are monitored by various professionals including the Public Health Nurse, the primary care physician, the social worker, the Multidisciplinary Team, etc. The social workers receive a monthly printout of children who are due for their annual health and dental check-ups. Health needs are also discussed in the monthly supervisory reviews.

Health information is retained in the case record. A copy of health reports is also included in the Child Information Folder (CIF) provided to the resource caregivers upon a child's placement. As information changes, the updated information is sent to the resource caregiver to be placed in the CIF.

Medical information is updated in the child's record when the child's assigned worker receives reports. Information is provided to the child's resource caregivers and other entities on a need to know basis. Hawaii statute also allows the sharing of medical information between providers such as physicians.

The CWSB worker, resource parents, and health professionals assigned to the child's case ensures continuity of health care services while a child is in out-of-home care. When a child returns to the home, MEDQUEST provides medical insurance coverage during the transition from MQD coverage to the parent's coverage.

Oversight of prescription medicines, including psychotropic medications, for children in out-of-home care is provided by the CWSB worker in consultation with the primary care

physicians and CAMHD staff providing care to a child, as well as the KCPC Multidisciplinary Team members, MQD staff, and other medical professionals.

The KCPC Multidisciplinary Teams statewide provide health care expertise and case consultation to CWSB. They were selected through an RFP process because of their experience and expertise in child welfare physical and mental health. As part of their contract, KCPC assists the CWSB in providing appropriate review, oversight and coordination of the use of psychotropic medications for children in out-of-home placement under the jurisdiction of the CWSB. KCPC staff participates in CWSB's statewide work group to create a unified State plan for increased oversight of psychotropic medication use for youth in foster care. Hawaii is currently exploring ways to enhance the Multidisciplinary Team contract to increase their quality and capacity in assessing psychotropic use.

CWSB workers have been notified of the requirement to inform all foster youth and youth participating in the Chafee Foster Care and Independence and/or Education and Training voucher program about the importance of designating another individual to make health care treatment decisions on behalf of the youth if he or she becomes unable to make those decisions. Youth are informed by their caseworkers, by information and forms posted on websites of organizations such as the Hawaii Foster Youth Coalition, It Takes an Ohana (Hawaii's resource family organization), and DHS. Youth are also informed about this during Youth Circles (as part of their transition planning). CWSB works with the Court Improvement Project (CIP) and organizations that provide legal assistance to youth to ensure that youth who choose to write an advance health care directive are appropriately counseled and assisted.

V. Improving Exam Tracking and Oversight

CWSB is currently working with MQD to capture data and help community physicians complete the 45-day Comprehensive Exams and EPSDTs. CWSB is in discussion with the health plans, exploring ways to improve oversight of foster children receiving their EPSDT check-ups. Over the past year, MQD put in place liaison workers for each health insurance plan that they manage. These liaison workers are the direct contacts for CWSB staff that arrange for medical coverage and monitor the completion of the needed medical exams for foster youth. This has been an important development in CWSB's partnership with MQD and in CWSB being better able to monitor the medical services of foster youth.

VI. Psychotropic Medication

A. Overview

The over-prescription of psychotropic medication to foster children and youth is an issue of national concern. CWSB is working to further strengthen its health care oversight plan by developing a comprehensive strategy to address, track, and monitor youth who are prescribed psychotropic medications, and to ensure the provision of trauma-informed services to foster children. CWSB staff has taken advantage of the

numerous national educational offerings on the topic, which have substantially helped to shape Hawaii's State plan.

1. Statewide Collaboration

Along with CWSB, Hawaii Medicare and Hawaii DOH CAMHD staff has been essential to CWSB's statewide efforts related to psychotropic medications and youth in foster care. Since early 2012, Hawaii CWSB has been convening a multi-disciplinary action team to address this issue in Hawaii. This statewide collaboration consists of representation from Oahu, Maui, Kauai and Hawaii Island, and includes:

- a. Former Foster Youth;
- b. Resource Caregivers;
- c. Birth Parents;
- d. CWSB Administrators, Supervisors, and Case Workers;
- e. DOH, CAMHD Division Administrators;
- f. the Medicare/MedQuest Medical Director;
- g. a DOE, School-Based Behavioral Health State Education Specialist;
- h. a University of Hawaii at Manoa Professor/Researcher;
- i. the Mental Health America, Hawaii Executive Director;
- j. the Court Improvement Project State Coordinator;
- k. Family Law Attorneys;
- l. Guardians ad litem; and
- m. Staff from several community service agencies.

2. Statewide Team's Goals

The ongoing work of this team focuses on the following goals and outcomes:

- a. Decreased use of inappropriate medications;
- b. Increased use of non-medical interventions and treatments for mental health issues and behavioral problems;
- c. Effective, appropriate medication use;
- d. More foster youth receiving mental health and behavioral health services on a timely basis (early identification and ongoing monitoring);
- e. Gradually increasing youth's responsibility for his/her own medication management;
- f. Increased youth voice in mental and behavioral health care;
- g. Improved school performance;
- h. Decreased number of foster placement changes for foster youth;
- i. Decreased length of stay in foster care;
- j. More successful transitions of foster youth to independent adult living;
- k. Increased line/field-level engagement regarding the management of youth's medications;
- l. Improved coordination and oversight of PCPs and Child and Adolescent Psychiatrist prescribers;

- m. CWS-based clinician to aid in oversight, management, and guidance, and to answer caregivers', caseworkers', and practitioners' questions about psych meds;
- n. Statewide awareness of the risks and benefits of psychotropic medications for youth;
- o. Reduced stigma regarding mental health and psychotropic medication use;
- p. Increased collaboration and communication among agencies/systems; and
- q. Happier and healthier youth, families, caregivers, and CWSB staff.

B. Hawaii vs. National Data

In order to understand psychotropic medication use among foster youth in Hawaii, CWSB gathered data in two ways: 1) caseworkers shared information about each child/youth on his/her caseload, and 2) MedQuest analyzed the MedQuest drug claims data for psychotropic medication for foster youth. In Hawaii, approximately 80% of foster children are covered by MedQuest; almost all of the remaining 20% are covered by TriCare through the U.S. Military. Through both counts, the results were the same: *approximately 7% of all Hawaii foster youth are taking psychotropic medication.* This is significantly lower than the national average for children in foster care which ranges from 15% - 65%, depending on the study.

MedQuest also completed a more targeted analysis of foster youth use of only antipsychotic medication, the most potentially dangerous of the psychotropic medications for children. The comparison of these Hawaii percentages and national percentages is shown in the figure below.

Medicaid Children on Antipsychotic Medication

	Hawaii Medicaid Study 2011	National Medicaid Study 2007
All Children on Antipsychotics	1.1%	1.6%
Foster Children on Antipsychotics	2.5 – 4.0%	12.4%

Data Source: Hawaii Medicaid Study 2011 & National Medicaid Study 2007

Again, the Hawaii numbers compare favorably. Potential causes of these low rates are discussed below.

There is a trend in Hawaii that many PCPs/pediatricians prefer to not directly treat mental health issues. They feel it is outside of their area of expertise, and largely refer to a mental health provider, if there are indications of need. When a PCP refers a patient to another provider for mental health services, the patient often does not follow through on the referral. Some rural PCPs will refill prescriptions for psychotropic medications, but may not agree to start a child on a psychotropic medication. Most PCPs will not even refill a psychotropic medication prescription, thereby increasing barriers to use (e.g., travel, scheduling, finances, time investment, social stigma issues), since the patient must return to the prescribing psychiatrist for continued evaluation,

monitoring, and mental health care. The low number of foster youth in Hawaii on psychotropic medication may be partially due to this problem of lack of willingness of PCPs to prescribe and/or monitor such drugs. Evidence of this trend can be seen in that 75% of all foster youth are prescribed their psychotropic medication by CAMHD.

A related reason that Hawaii rates of psychotropic medication use are low across the State (in all populations, not just the foster youth population) is because of lack of access to psychiatric services. Many individuals in Hawaii are not aware that their health insurance covers mental health services, and many live in rural areas, far from any psychiatrists.

Also, within CAMHD, there is not a high rate of prescribing psychotropic medications to youth because of a directive from the Director of the Hawaii State Department of Health. The directive was the result of the Felix Consent Decree of 1994, and stated that medication should never be used as a chemical restraint and that there should be no off-label prescriptions. Off-label is the use of a pharmaceutical drug for a condition for which the medication was not FDA-approved. Using a drug with an unapproved dosage or with an unapproved age group is considered off-label. Between 45% and 75% of psychotropic medications given to children and adolescents are prescribed off-label, in part because almost none of the medications have FDA approval for use in children. Off-label prescribing is extremely common and not illegal.

Because of these factors, CWSB and its partners anticipate the possibility that Hawaii's rates of psychotropic medication use among foster youth may rise when more mental health screenings and assessments are introduced, and the public's awareness of mental health issues increases. With more youth identified as needing mental health services and more people aware that medication is an option, usage may increase.

It is important to keep in mind that, although the number of Hawaii youth being prescribed psychotropic medication may increase, when looking beyond the numbers and examining the new systems, practice, and policies, it is clear that the well-being of foster youth will continue to improve because of these efforts. Medical records are being reviewed more regularly; youth are more fully informed about their diagnoses, need for medication, and alternatives to medication; prescribing doctors are more communicative with patients and their families and caseworkers regarding these medications; more children's and youth's mental health needs are being addressed, due to increased mental health assessments; and youth are more actively involved in making decisions about their mental health.

C. Current Approaches

The following services/approaches are currently in place statewide in Hawaii for oversight of the use of psychotropic medication and for assessing/addressing the mental health needs of the foster youth population:

1. Kapiolani Child Protection Center (KCPC) Multidisciplinary Teams (MDT);
2. KCPC case consultation;
3. KCPC medical record reviews;
4. Mandatory Pre-Placement Exams;
5. Mandatory 45-day Comprehensive Exams, which may include mental health assessments;
6. Mandatory Mental Health Assessments, within 45 days of placement, which may be a psychological evaluation that assesses trauma related to abuse and removal;
7. Awareness Education for all current CWSB staff (trainings occurred in March 2012);
8. Psychotropic Medication Awareness Education has been added to CWSB new hire Core Training (first implemented in July 2012);
9. Mandatory Monthly Face-to-Face Contact between caseworker and child, caseworker and resource caregiver, and caseworker and biological parents (following updated written protocol for conducting monthly visits, caseworker must ask about psychotropic medication use and emotional trauma – implemented March 2012; following updated written policy, caseworker must discuss the youth’s progress with any psychotropic medication each month with youth, parents, and resource caregiver – implemented December 2012);
10. Regular contact between caseworker and child’s doctors and therapists;
11. Regular contact between caseworker and child’s school;
12. CWSB documentation of mental health diagnoses, medications, and monitoring of these medications (implemented in December 2012);
13. Mandatory use of *Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care* prior to a youth in care beginning a psychotropic medication (implemented in December 2012);
14. Caseworker ensures that youth’s questions have been answered by the prescribing physician before a foster youth starts taking psychotropic medication (implemented December 2012);
15. DOH CAMHD staff available for consultation on psych meds for CWSB and KCPC (implemented in November 2012);
16. CWSB written policy that CWSB staff and resource caregivers will not force a youth to take medication against his/her will while in foster care (implemented December 2012);
17. Partnership and collaboration among CWS, DOE, CAMHD, and MQD; and
18. Distribution of *Practice & Policy Brief: Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges* to Family Court staff and attorneys statewide (January 2013).

D. Developed Approaches

The following plans have been developed by the Statewide Workgroup, but have not yet been implemented:

1. Computer monitoring of medication (flagging outliers)
2. List of Red Flags which would trigger further investigation/follow-up

3. Consent and Assent Forms and Policies
4. Formalized Monitoring Protocol
5. Training for Resource Caregivers

E. Planned Approaches

The following services/tactics/approaches to decrease the inappropriate use of psychotropics by foster youth are part of Hawaii's plan for future implementation.

1. Increased availability and awareness of alternative therapies (e.g., Behavioral, Trauma-informed)
2. Standardized and frequent mental health screenings and assessments
3. Dedicated staff for oversight (funding has been identified.)
4. Monitoring how often youth have health exams and what is covered during the exams
5. Training/Awareness campaign to school counselors, PCPs, Psychiatrists, DHS staff, CAMHD staff, and statewide communities

VII. Medical Benefits for Former Foster Youth

The Affordable Care Act (ACA), signed by President Obama in March 2010, contains a provision allowing children to remain covered under their parents' health insurance until the youth reach age 26. Effective January 1, 2014, the ACA also provides that, young adults who exit(ed) foster care at age 18 or later, and were enrolled in Medicaid when they aged out of care, are eligible for Medicaid coverage until age 26.

Hawaii's MedQuest had been providing such coverage on a sporadic basis but CWSB recently started working with MedQuest to identify all the young adults who should be receiving these benefits. Hawaii CWSB put procedures in place to ensure the continued medical coverage of all current foster youth who are transitioning to adulthood. As of January 1, 2014, all former foster youth are automatically covered by MedQuest when they reach 18, and the coverage extends until they turn 26.

VIII. Collaboration among CWS, CAMHD, & DDD

CWSB continues to work with the DOH, CAMHD to address the needs of youth with co-occurring mental health concerns and developmental disabilities through an implementation grant awarded to CAMHD by the Substance Abuse and Mental Health Services Administration. The goal is to identify and provide services to meet the needs of this population through collaboration with child serving agencies including CAMHD, CWSB, and the Department of Health, Developmental Disabilities Division (DDD) using a family-driven, youth-guided approach. Partnerships strengthen CWSB's work with these and other agencies, which helps improve service access and delivery to meet the needs of children served by CWSB.