NEVADA
Health Care Oversight
& Coordination Plan
2015 – 2019

The Fostering Connections Act requires state IV-B plans to demonstrate the ongoing oversight and coordination of health care services for any child in foster care. The plan must ensure a coordinated strategy to identify and respond to health care needs of children in foster care placements, including mental health and dental health needs, and shall include:

A. <u>A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;</u>

WCDSS: WDCDSS has a Medical Unit (i.e. an APN, RN, and Administrative Assistant) that has been incorporated into the new Child Advocacy Center located on the campus next to the Emergency Shelter for Washoe County. All children receive an EPSDT screening from the APN within established timelines. Additionally, the Medical Unit holds clinic hours to provide medical treatment as needed and provides scheduled trainings to staff and care providers on key medical issues (e.g., caring for children with G-tubes) throughout the year. WCDSS has established and utilizes the Medical/Dental form, which can be completed on-line by caregivers, and is required to be completed quarterly. Medical/Dental form information is integrated into the child's Medical Passport, which can be printed out from UNITY and given to healthcare and placement providers, and other key team members (e.g., the PLR).

- **Goal:** WCDSS will assure the monthly/quarterly reporting on the Medical/Dental form is incorporated into the Medical Passports. Additionally, compliance of caregiver completion of the Medical/Dental form will be targeted.

CCDFS: Clark County has 24 hours/7 days a week contracted nursing services at their reception center where every child coming into care or changing placements receives a medical and mental health screening. They have also established a full Medical and Dental Clinic at their Pecos location staffed with a full time pediatrician to complete EPSDTs within state policy guidelines. Compliance is currently averaging 38% completed exams within policy guidelines.

- **Goal:** Our contracted provider has just hired three (3) new APNs and will be increasing clinic hours to six (6) days a week in an effort to improve the rate of compliance. The clinic provider has also recently opened school-based clinics throughout the Vegas Valley and will serve CCDFS children for EPSDT exams at those sites as well.

DCFS: Through training clinical staff and caseworkers on Fetal Alcohol Spectrum Disorder (FASD), we realized that certain disorders like FASD were not adequately diagnosed at an EPSDT. Nevada Early Intervention Services Medical Director, Dr. Kinman, diagnoses FASD for infants and toddlers; however with only one FASD clinic in northern Nevada, children in DCFS custody had to wait up to a year to get an appointment, examination and diagnosis.

- **Goal:** Over the past year, DCFS collaborated with northern Nevada trained physicians, neuropsychologists and psychologists specializing in FASD to create additional FASD clinics for children ages 3-18 yrs. A referral system and fee structure was created and initial training was done with all staff to correctly identify children needing to be assessed at the clinic. Currently FASD clinics are offered on a quarterly basis when needed. It is believed that children will be diagnosed and receive services in a more expeditious fashion.

- **Goal:** DCFS entered into and continue to have discussions with the clinical staff at Rural Developmental Services, to determine if the diagnostic information from the FASD clinic is sufficient for them to use for their eligibility criteria and continue to network and advocate with that agency to ensure these children's eligibility for necessary services.

- **Goal:** DCFS clinical staff will provide ongoing training to DCFS child welfare staff on methods to ask mothers about their alcohol use during pregnancy. Prenatal exposure information is often lacking in

case records, we believe, because asking a mother about her possible use of alcohol in her pregnancy is very emotionally difficult on the mother with a good deal of stigma attached to this questioning.

B. <u>How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;</u>

WCDSS: WCDSS utilizes a psychologist to conduct a psychological screening of children age 6 and older by completing a psychosocial within the first 10 days and then completing a mental status exam and final scoring of the Child and Adolescent Intensity Instrument. Children identified to have emergent/significant mental/behavioral health needs are seen for short-term therapy and or referred to appropriate mental/behavioral health service providers (i.e., therapist; psychiatrist; Rehabilitative Mental Health Services). Additionally, WCDSS contracts with a licensed mental health professional to conduct mental health assessments for youth identified to be in need of immediate crisis at WCDSS' emergency shelter.

- **Goal:** All children will be screened within 72 hours. In the event a child screens positive for an acute mental health issue, s/he will be referred to the appropriate mental health provider for services.
- **Goal:** Within 30-60 days in total, additional screenings will be completed to address specific areas of concern.
- **Goal:** Children under age six will be screened with the Ages and Stages Questionnaire: Social Emotional (ASQ: SE); Pediatric Symptom Checklist (PSC); Children 6 and older will be screened with the Pediatric Symptom Checklist Youth (Y-PSC) and additional screenings when indicated (e.g., Beck youth Inventory, SSASI). Additionally, children will be screened for Trauma (e.g., UCLA PTSD Reaction Index).

CCDFS:

- **Goal:** The CCDFS on site medical clinic at the Pecos Campus has applied to be a Nevada State Medicaid certified Medical Home for children in CCDFS care. They begin their 90 day test run for Medicaid certification in September of 2014. When approved, as the Medical home for children in CCDFS custody, they will monitor follow up for all referrals including medical, dental, psychological and psychiatric services and assure that the children are attending follow up appointments and caregivers are engaging in referred services.

DCFS:

- **Goal:** Institute a Trauma Screening process for all youth who come into care. The Clinical Program Manager in Carson City is advised of each youth that is taken into care and a referral is made requesting a Trauma Screening. A procedure and referral form has been developed for referral and tracking purposes. Once the referral is received a Mental Health Counselor (MHC) II is assigned to complete a Trauma Screening (these screenings were developed utilizing criteria from the DSM IV-TR and DSM V and include a scoring system to identify the need for further assessment). The MHC II will document the completion of the Trauma Screening in UNITY and return the Trauma Screening to the caseworker for follow up on recommendations and to be kept in the child's file. A copy of the Trauma Screening will also be provided to the Clinical Program Manager and assigned to administrative personnel for tracking. If the Trauma Screening yielded results above the clinical threshold, the youth will be referred for a comprehensive mental health and/or trauma assessment utilizing the standardized trauma assessment tool, Trauma Symptom Checklist (TSCL).

  Any child placed in higher level of care; residential treatment center (in or out of state), therapeutic foster care or requiring additional monitoring, are staffed regularly at our Placement Review Team to ensure appropriate services are being provided. Additionally, youth placed in residential treatment

centers out of state are assigned to a clinician for monitoring, treatment input, ongoing treatment recommendations and discharge planning.

DCFS Children's Mental Health: The Nevada Children's Uniform Mental Health Assessment (CUMHA) was recently updated with new sections to screen for trauma, substance abuse and suicidal ideation.

- **Goal:** Nevada CUMHA to be updated as new means of evaluating behavioral and/or emotional issues are recognized and identified as best practice.
- **Goal:** Continue to support and implement various trainings statewide that addresses trauma.

C. <u>How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;</u>

WCDSS: WCDSS will monitor the completion the child's Medical Passport within UNITY along with assuring that caregivers are provided a print out of the Medical Passport upon placement and updated passport yearly or as needed.

CCDFS: In Clark County, every child that has a placement move receives a medical passport. In addition the onsite Medical Clinic at the Pecos location has implemented electronic medical records (EMR). They are in the process of updating the EMR system (to be ready for September 2014 test run) to include a summary handed to each patient that includes history, current exam, diagnosis, referrals and next appointment. This function of the EMR system will bring the medical clinic into compliance to be Medicaid Certified as a Medical Home for DFS children.

DCFS: While some functionality for an electronic health record has existed for a few years within UNITY, i.e. health information goes into various UNITY screens and populates the medical passport; DCFS has encountered numerous barriers to the success of its use. For example, the health information windows are too restrictive for all the information needed to be input and therefore information is inputted wherever it fits best, which affects the print out and reports that could be used to help monitor and case manage needed future appointments. Because of difficulty in inputting health information into the existing UNITY windows, staff tends not to input health information as diligently as is expected.

DCFS instituted a Monthly Child Health Information Form that we asked foster parents to complete; DCFS created an inbox that the form is sent to so that administrative staff could begin inputting the information into UNITY for caseworkers. Foster parents have not consistently returned these forms to DCFS, limiting our ability to gather and track this information. Secondly, we added a section to the Quality Caseworker Monthly Visit template to remind workers to capture this information at their monthly visits with children and foster parents. The information gleaned from these visits does not contain enough specific detail to satisfy the health information windows, for example; name and address of provider, change in medication dosage, amounts, etc. The collection and documentation of this type of extensive information is extremely time consuming and critical.

- **Goal:** DCFS is requesting additional administrative support positions in the next legislative session to assist in meeting this critical need.
- **Goal:** That all children in DCFS custody will have a medical passport that contains complete medical history information at placement in a new foster home.

D. <u>Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;</u>

WCDSS: The Medical Unit has previously provided training on the Medical Home Model and assists workers with the coordination of medical care and establishing a Medical Home when needed.

CCDFS: September 2014 will begin the test run for the Medical Clinic on the DFS Pecos campus. When completed in December of 2014, the clinic will become the first Medicaid Certified Medical Home for children in DFS care.

DCFS: That children in DCFS custody be able to remain with their current medical providers, but if that is not possible that DCFS request any and all previous medical records and deliver them to the new medical provider within 60 days of transfer.

E. <u>The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;</u>

WCDSS: In addition to the above activities, WCDSS requires a person legally responsible (PLR) for the psychiatric care of the child to attend training prior to a nominee assuming PLR duties; has implemented a revised Spot Check form; and developed a standardized Medication Log to be used by care providers. Training on the Spot Check form, and related procedures, has been provided to caseworkers. Spot Checks are to be completed once per quarter. Also, per NRS and State policy, the PLR unit conducts quality assurance reviews. WCDSS utilizes contracted psychiatrists to conduct mediation reviews.

- **Goal:** WCDSS will conduct additional reviews of cases involving Non-Agency PLR.
- **Goal:** In addition to utilizing contracted psychiatrists for medications reviews, additional children will be selected for review based upon their functioning, placement stability, and high utilization of mental health services.
- **Goal:** Additional training will be offered by the PLR Unit on Psychotropic Medications by offering trainings through WCDSS' QPI initiative.

CCDFS: In 2013 DFS contracted with a Mental Health provider to provide review and oversight for psychiatric and psychological services for all DFS children which will provide quality assurance that children are receiving appropriate services based on trauma, diagnosis and need. DFS children engaging in psychiatric services are all appointed a person legally responsible (PLR) for the psychiatric care of the child (if the PLR is not the parent, it is a Registered Nurse) and any medications prescribed are submitted to an impartial 3rd party review.

- **Goal:** In the next 5 years DFS will continue to expand the role of the contracted Mental Health Provider and will add 2 more nurses to the PLR group to assure that every child received the appropriate care and oversight.

DCFS: Due to high staff turnover rates in the Rural Region quarterly training for DCFS staff on the psychotropic medication policy, including the statutory responsibilities and duties of the PLR, has been implemented and is completed in partnership with the Family Program Office. These trainings are facilitated through the use of on-site training by clinical staff in the areas they are present, as well as via video-conference in areas where there is not a clinical staff member present.

- **Goal:** Continue to work with IT to transition from the current psychotropic medication excel tracking spreadsheet to a UNITY based report.
- **Goal:** Ensure the quality of medication management by maintaining a consultative relationship with a qualified child psychiatrist. The psychiatrist to provide a written summary of her review detailing clinical impressions and treatment recommendations. This summary is forwarded to the caseworker and office manager for appropriate dissemination. Over the past year DCFS began contracting with Dr. Katie Sherry, M.D., Board Certified Child and Adolescent Psychiatrist. She meets with each Rural DCFS

District Office quarterly to review psychotropic medications usage; she also has provided useful information about diagnosis and behaviors of youth.

- **Goal:** Access contract Child Psychiatrist for emergency Psychiatric Assessments when appropriate.
- **Goal:** Continue to work with community partners and stakeholder's to provide education and training regarding the statutory responsibilities and obligations of providing informed consent of medication to youth in custody to facilitate the completion of the Informed Consent for the Administration of Medication. Partner with the Attorney General in drafting a letter to providers to detail their legal obligations and responsibilities.
- **Goal:** Caseworker's will continue to utilize the Informed Consent for the Administration of Medication and provide this information at clinical staffing, Placement Review Team (PRT) meetings and at Psychotropic Medication Reviews.

F. <u>How the state actively consults with and involves 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 treatment for the children;</u>

WCDSS: At the County level, WCDSS's Medical Unit (i.e. APN, RN, and Administrative Assistant) provide initial screening and temporary medical oversight to children entering foster care. Medical Unit staff coordinates the needs of children who have an established physician(s) or help the worker to identify a physician(s) for the child's identified health need(s). The Medical Unit has relationships with key pediatric physicians (e.g., endocrinologists). WCDSS' Clinical Unit has a contracted Psychiatrist, who provides Medical Oversight to its Behavioral Health Community Network (BHCN -Provider Type 14) while the PLR Unit contracts with two psychiatrists to conduct chart reviews of children prescribed psychotropic medications.

- **Goal:** WCDSS will hold a refresher course on the Medical Home model for agency staff. Additionally, training on the Medical Home Model will be offered to care providers.

CCDFS: The on sight medical and dental clinic located on the Pecos Campus and the associated school based clinics located throughout Las Vegas allow 40 hour a week consultation with Pediatricians and Nurse Practitioners specializing in pediatrics. The clinic has applied for Medicaid certification as the Medical Home for children with open DFS cases. September 2014 will begin the 90 day test run for the site based medical home which will allow the affiliated Pediatricians and Nurse Practitioners to follow the children through the system and provide comprehensive managed care throughout the life of the case.

DCFS: In addition to formalized provider agreements with contracted child and adolescent psychiatrists and FASD Clinics, over the past two years DCFS entered into a provider agreement with two forensic pediatricians who are experts in the field of child abuse, to provide expert examination and consultation on cases where significant injuries have occurred and no reasonable explanation is provided for how those injuries occurred. Both pediatricians take a holistic approach to examining the child and make recommendations specific to injuries, but also child wellbeing in general. This has proven to be very beneficial in identifying cases of malnutrition and non-accidental causes of injuries that otherwise went undetected. Additionally DCFS has numerous provider agreements with other professionals ranging from licensed psychologists and psychiatrists, licensed clinical social workers and licensed substance abuse counselors who perform a variety of mental health assessments, parental capacity assessments and psychological evaluations needed for various parents and children with whom we work. All of these services are expected to continue over the next 5 years.

- **Goal:** Improve access to and quality of clinical services for both adults and children throughout rural Nevada, to include, but not be limited to; clinicians trained in evidenced based practices like; Trauma Focused CBT, Brief Solution Family Centered Therapy, 3-5-7 Model and Parent Interactive Therapy.
- **Goal:** Continued participation in stakeholder meetings and network opportunities to identify resources in rural communities that could provide treatment and/or training opportunities for community clinical

staff. DCFS clinical staff will continue to provide peer to peer training, support and in-service trainings to sister agency partners and providers as requested.

- **Goal:** Facilitate doctor to doctor consultation with community providers, including primary care physicians, with contracted child/adolescent psychiatrists and forensic pediatricians when necessary.
- **Goal:** Continued internal training to Division staff on specific issues by request. Develop and implement mandatory training to Division staff regarding trauma informed care.

G. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements 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, and to provide the child with the option to execute such a document, are met.

WCDSS: WCDSS facilitates a multiple agency meeting to staff the mental health, placement, and case management needs of children who are aging out of foster care. Through the Washoe County Children's Mental Health Consortium, WCDSS facilitates a meeting with staff from Washoe County Departments of Social Services and Juvenile Services; Northern Nevada Child and Adolescent Services; Division of Child and Family Services- Youth Parole; Sierra Regional Center; Northern Nevada Adult Mental Health Services; and Mojave Mental Health. During this meeting, barriers are reviewed to detect youth aging out of public sector agencies (i.e., Child Welfare, Probation, Parole) in need of long-term behavioral health service with public sector agencies, or private sector agencies that serve adults. Activities include a forum to discuss the youth's needs and packet submission/streamlined referral process to get the youth involved with the proper services. Additional activities include monitoring "deep-end youth" defined as those who have been in multiple treatment placements and/or utilize residential treatment services frequently; youth who have a history of multiple placements, frequent acute placements, and placement in residential treatment centers; and youth in an out of state Residential Treatment Center on their 17th birthday or late. Key criteria of youth include: youth with severe emotional disturbance for both Medicaid eligible and non-Medicaid eligible youth in need of transition assistance to adult mental health services; youth identified with intellectual disabilities and/or related conditions, or both in need of long-term habilitative care, and/or access to waiver-based services for intellectual disabilities; youth who have co-occurring mental health and developmental disorders that prevent them from receiving services from either mental health or developmental services because their intellectual functioning is either too high for developmental services or too low for mental health services; and youth case management services, therapy; medication management, a rep-payee for SSI, in need of placement.

- **Goal:** Youth will be monitored at an earlier age (i.e. 16 and older), to develop earlier detection of youth as they age out of foster care.

CCDFS: Currently, CCDFS Independent Living Unit assures that all young adults who age out of foster care, as part of their transition plan have assistance from their caseworker in applying for Medicaid and are informed that, should they choose not to have Medicaid now, they may apply any time prior to their 26th birthday.

- **Goal:** One of the 5 year goals for the independent living unit will be to incorporate into the transition plan for youth who are aging out of foster care an education component regarding the importance of designating an "Agent" to make healthcare decisions, through a healthcare power of attorney.

DCFS: Navigating the Aged Out (AO) Medicaid application process is difficult for youth aging out of foster care and can be equally strenuous for workers who do not understand the process. The confusion has led to undone and incomplete AO Medicaid applications for youth who have aged out. Additionally, while youth are completing a Health Care Power of Attorney, because it is an obligation of theirs in the process, it is confusing for youth and IL Social Workers alike.

- **Goal:** Provide training regarding the AO Medicaid application process twice yearly during the Rural Region Independent Living (IL)/Court Jurisdiction (CJ) teleconference meetings to support IL Staff in their expertize of the AO Medicaid process.
- **Goal:** QA oversight will be provided on an ongoing and constant basis, and any issue with Medicaid will be problem solved with the QA Unit and the Nevada Aged Out Medicaid representative.
- **Goal:** Provide training regarding the Health Care Power of Attorney process twice yearly during the Rural Region IL/CJ teleconference meetings to support IL Staff in understanding, discussing and completing the Health Care Power of Attorney document with youth.
- **Goal:** QA oversight will be provided on an ongoing and constant basis, and any issue with the Health Care Power of Attorney will be problem solved with the QA Unit.