Mr. Martin has no financial relationships to disclose.
Health Disparities vs. Health Care Disparities

**Health disparity:** A higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group.

**Health care disparity:** Differences between groups in health insurance coverage, access to and use of care, and quality of care.

Source: Kaiser Family Foundation
CCOs 101

Coordinated Care Organizations are a form of Accountable care that focus on Medicaid

• Must operate within a fixed budget
• Metrics to demonstrate quality

Global budget for physical health, mental health and dental health of members

16 CCOs in the state

Health Share and Family Care both serve tri-county region of Multnomah, Clackamas and Washington
Districts 2, 15, and 16
Foster Care Systems Manager

1. DHS Liaison
2. The DHS Metric
3. System of Care Improvement
4. Integrate efforts with other related initiatives
Key Messages

1. Children in foster care have experienced significant trauma by definition

2. Children in foster care have specialized needs from the health care system, beyond typical care

3. Cross-system efforts are underway to build a system that works for children in foster care
Health Share 2.0

2.0 STRATEGIC GOALS

Enhance Capacity & Access

Use existing capacity in new ways and develop new capacity through investments in community-level system enhancements. Every member should have access to the care they need, when and where they need it.

Promote Early Life Health

Ensure the next generation of Oregonians is healthy and productive by focusing on prevention to get the best start. Every child should be physically and emotionally ready for kindergarten.
Our Four Part Strategy to Promote Early Life Health

1. Prevent unintended pregnancies
2. Prevent ACEs
   - Family Well-Being Assessment
   - Project Nurture
3. Kindergarten readiness
   - Developmental delays and disabilities addressed
   - Early literacy
   - Preventive care services for every child
4. Prioritizing children in foster care
   - Centers of Excellence
   - Population health
Background: High Utilizers

5% of the population uses 50% of the dollars.
Background: High Utilizers

Health Commons Grant (2012-2015)

• Federal CMMI grant to Health Share partners
• Purpose was to improve care and reduce costs for high utilizers
  • Inpatient-outpatient transitions
  • Care management
  • Health resilience specialists

But why do we have so many high utilizers to begin with?
Do they have things in common that we can recognize and prevent?
What We Learned: Chain Reactions of Adversity

Miranda

- **Birth**: Tumultuous, violent relationship between parents, unstable housing
- **5 yo**: Parents split, dad got “left behind”
- **11 yo**: Lived with multiple caretakers in various locations
- **15 yo**: First pregnancy/birth, stepbrother is father
- **18 yo**: 2 more children, still living in abusive household
- **21 yo**: Moves back in with mom, daily sexual abuse from stepfather
- **27 yo**: Drops out of school
- **3 more children born**
- **47 yo**: Begins heavy drug use and selling
- **Heavy alcohol use, drug relapses, cancer, car accidents**

**Age 47**
- **6 children ages 15-32**
- **No GED/diploma, no employment, criminal history**
- **In recovery from severe substance use**
- **Chronic pain, cancer, multiple surgeries, no teeth or dentures**
- **Multiple psychiatric medications**
High utilizers compared to those who were not high utilizers

<table>
<thead>
<tr>
<th>Experience</th>
<th>High utilizers</th>
<th>Not high utilizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced childhood neglect</td>
<td>88%</td>
<td>40%</td>
</tr>
<tr>
<td>Had a parent or family member with a substance use disorder</td>
<td>41%</td>
<td>13%</td>
</tr>
<tr>
<td>Had unmet basic needs</td>
<td>40%</td>
<td>0</td>
</tr>
<tr>
<td>Experience physical abuse</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>Witnessed adult interpersonal violence</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>Were separated from their parents</td>
<td>25%</td>
<td>27%</td>
</tr>
</tbody>
</table>
Adverse Childhood Experiences (ACEs)

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

Together we are health share Health Share of Oregon
ACEs and Education

Children who have an ACE score of 3 are more than twice as likely to be suspended from school, six times more likely to experience behavioral problems, five times more likely to have severe attendance issues. They also have reduced reading ability and lower grade point averages.

Washington State University Area Health Education Center
A Prioritized Population
Child Abuse and Neglect in Oregon

Child Protective Services 2014 Data

- Reports of Abuse/Neglect: 68,863
- Reports referred for Investigation: 29,382
- Reports Investigated by CPS: 26,674
- Founded Cases of Abuse/Neglect: 6,485
- Child Victims: 10,010
- Child Victims under 6 years of age: 4,645
## Reasons for Removal in Oregon

<table>
<thead>
<tr>
<th>Reason for Removal</th>
<th>Number</th>
<th>% of Entrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>2229</td>
<td>64.3%</td>
</tr>
<tr>
<td>Parent Drug Abuse</td>
<td>1587</td>
<td>45.7%</td>
</tr>
<tr>
<td>Inability to Cope</td>
<td>499</td>
<td>14.4%</td>
</tr>
<tr>
<td>Incarceration of Parent</td>
<td>426</td>
<td>12.3%</td>
</tr>
<tr>
<td>Inadequate Housing</td>
<td>464</td>
<td>13.4%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>402</td>
<td>11.6%</td>
</tr>
<tr>
<td>Parent Alcohol Abuse</td>
<td>312</td>
<td>9.0%</td>
</tr>
<tr>
<td>Child’s Behavior</td>
<td>280</td>
<td>8.1%</td>
</tr>
<tr>
<td>Abandonment</td>
<td>114</td>
<td>3.3%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>166</td>
<td>4.8%</td>
</tr>
<tr>
<td>Child Drug Abuse</td>
<td>70</td>
<td>2.0%</td>
</tr>
<tr>
<td>Child’s Disability</td>
<td>48</td>
<td>1.4%</td>
</tr>
<tr>
<td>Child Alcohol Abuse</td>
<td>23</td>
<td>0.7%</td>
</tr>
<tr>
<td>Death of Parent</td>
<td>15</td>
<td>0.4%</td>
</tr>
<tr>
<td>Relinquishment</td>
<td>25</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Total Number of Foster Care Entrants</strong></td>
<td><strong>3469</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>
Entering Foster Care

More than 250,000 children entered foster care in the US in 2014 (3,500 in Oregon)

- The majority were under the age of 7, with one-third under the age of 3
- Almost all were victims of physical, sexual, or emotion abuse or neglect
- Most experienced environments with parental substance abuse, extreme poverty, mental illness, or housing instability
- Native American, African American, and Latino American children were disproportionately represented

Living in Foster Care

400,000 US children in foster care on any given day (8,000 in Oregon)

• Almost half have had three or more foster care placements

• Almost half of those with siblings are placed separately from those siblings

• Average length of stay in foster care is 21 months, one in ten will spend over 5 years

• 28% have a diagnosed physical or mental disability which correlates with lower rates of obtaining permanency and higher rates of abuse and neglect
Long-Term Outcomes

For young adults who age out:

- More than one in five will become homeless after age 18
- Only 58% will graduate high school by age 19 (compared to 87% of all 19 year olds)
- 71% of young women are pregnant by 21
- At the age of 24, only half are employed
- Fewer than 3% will earn a college degree by age 25 (compared to 28% of all 25 year olds)
- One in Four will be involved in the justice system within two years of leaving the foster care system

Complex Medical Needs

Foster Children are considered by AAP to be Children and Youth with Special Health Care Needs (CYSHCN)

Maternal and Child Health Bureau Definition of CYSHCN:

“Children who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”
Physical Health

55% of young children entering the foster care system have 2 or more chronic conditions

25% have 3 or more chronic conditions

Most Common: skin conditions, asthma, anemia, malnutrition, manifestations of abuse.

SPARC, Medicaid and Children in Foster Care, March 2013
Dental Health

35% of children enter foster care with significant dental and oral health problems

Studies have demonstrated an association between poor oral health and increased rates of periodontal diseases, diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.

-National Institute of Dental and Craniofacial Research

SPARC, Medicaid and Children in Foster Care, March 2013
Mental Health

83% of youth in foster care received at least 1 mental health diagnosis such as depression, anxiety disorder, ADHD or PTSD.

Adults who have been in Foster Care suffer PTSD rates at twice the rate of US Combat Veterans.

National Child Traumatic Stress Network
Chronic Conditions in Children 6-12

- Obesity: 10.8% (Non-foster), 6.0% (Current foster), 6.0% (Former foster)
- Asthma: 12.2% (Non-foster), 8.9% (Current foster), 6.9% (Former foster)
- ADD: 5.6% (Non-foster), 5.6% (Current foster), 11.1% (Former foster)
- Autism: 20.2% (Non-foster), 19.2% (Current foster), 4.9% (Former foster)
- PTSD: 27.2% (Non-foster), 13.2% (Current foster), 1.2% (Former foster)
- Affective disorder: 0.7% (Non-foster), 0.3% (Current foster), 0.3% (Former foster)
- Depression: 11.1% (Non-foster), 10.0% (Current foster), 12.2% (Former foster)
Chronic Conditions in Children 13-18

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-foster child</th>
<th>Current foster child</th>
<th>Former foster child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>14.8%</td>
<td>13.5%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Asthma</td>
<td>10.8%</td>
<td>9.0%</td>
<td>8.4%</td>
</tr>
<tr>
<td>ADD</td>
<td>15.5%</td>
<td>6.7%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Affective disorder</td>
<td>26.0%</td>
<td>15.2%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Depression</td>
<td>4.3%</td>
<td>10.8%</td>
<td>14.6%</td>
</tr>
<tr>
<td>PTSD</td>
<td>2.6%</td>
<td>2.4%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Autism</td>
<td>1.6%</td>
<td>2.4%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>0.9%</td>
<td>5.0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>0.1%</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Chemical dependency</td>
<td>0.1%</td>
<td>0.3%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
Health Care Challenges

- Foster Children enter care with multiple unmet health care needs
- Health histories and records are often incomplete or unknown
- Access to care is hindered by rule, policy, and practice
- Health Care Systems struggle to identify foster children
- Caregivers have limited understanding of the complex health needs
- Foster children experience multiple changes in providers and caregivers
- Prioritizing Care often dependent on crisis
- Diffused authority between foster parents, court, DHS, bio-parent
- Coordination of health care needs is critical but frequently absent
- High rate of psychotropic medication use (4x that of other children on Medicaid)
AAP Recommendations for Kids in Foster Care

- Medical homes with high quality health care
- Prioritized access and higher frequency of visits
- Providers with experience working with victims of abuse, neglect, and complex trauma
- Health professionals with experience or training in all aspects of the foster care system
- Health professionals who understand the impacts of foster care on children and families
- Close collaboration with child welfare partners
- Health care professionals who will assume responsibility for the health outcomes of the population, and advocate on their behalf
- Cultural competence in health care delivery

AAP, Fostering Health: Health Care for Children and Adolescents in Foster Care 2nd Edition, 2005
Patient-Centered Medical Home

The medical home, also known as the patient-centered medical home (PCMH), is a team-based health care delivery model led by a health care provider that is intended to provide comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes.
The Foster Care Strategy

Build coordinated support around children in foster care

- Create and implement dashboards to monitor disparities (including race, culture, and language) and improvements at the population level
- Create and implement a coordinated and integrated system to identify, assess and provide services to children in foster care
- Pilot and evaluate new models to coordinate, integrate, and improve care for children in foster care
Create and Implement Dashboards to Monitor Disparities and Improvements at the Population Level
Foster Care APC Dashboard
APC Foster Child Population

Performance metrics

<table>
<thead>
<tr>
<th></th>
<th>APC Clinics</th>
<th>All Other Clinics</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique members</td>
<td>1,292</td>
<td>2,062</td>
<td>3,354</td>
</tr>
<tr>
<td>Developmental screen rate</td>
<td>61.6%</td>
<td>47.9%</td>
<td>54.8%</td>
</tr>
<tr>
<td>Dental sealant rate</td>
<td>19.4%</td>
<td>17.6%</td>
<td>18.5%</td>
</tr>
<tr>
<td>AWCV rate</td>
<td>52.8%</td>
<td>44.0%</td>
<td>48.1%</td>
</tr>
<tr>
<td>ECU rate</td>
<td>63.2%</td>
<td>56.9%</td>
<td>55.9%</td>
</tr>
<tr>
<td>SBIRT rate</td>
<td>17.3%</td>
<td>9.2%</td>
<td>13.0%</td>
</tr>
<tr>
<td>ED utilization</td>
<td>37.8</td>
<td>34.9</td>
<td>36.3</td>
</tr>
<tr>
<td>Inpatient utilization</td>
<td>54.2</td>
<td>30.1</td>
<td>39.4</td>
</tr>
<tr>
<td>PCP visit rate (AAP guidelines)</td>
<td>67.9%</td>
<td>44.9%</td>
<td>53.7%</td>
</tr>
</tbody>
</table>

PCP Assignment by District/Area

<table>
<thead>
<tr>
<th></th>
<th>Clackamas DHS</th>
<th>Multnomah DHS</th>
<th>Washington DHS</th>
<th>Out-of-</th>
<th>Adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHSU Doernbecher</td>
<td>350</td>
<td>351</td>
<td>3450</td>
<td>3451</td>
<td>60</td>
</tr>
<tr>
<td>Calcagno Pediatrics</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Hillsboro Pediatrics</td>
<td>1</td>
<td>1</td>
<td>39</td>
<td>7</td>
<td>69</td>
</tr>
<tr>
<td>Kaiser Providers</td>
<td>7</td>
<td>13</td>
<td>27</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Legacy Randall's</td>
<td>3</td>
<td>3</td>
<td>16</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>MCHD East County</td>
<td>10</td>
<td>19</td>
<td>6</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>MCHD Mid-County</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>PMG Providers</td>
<td>7</td>
<td>10</td>
<td>21</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>33</td>
<td>99</td>
<td>75</td>
<td>450</td>
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</table>

Branch Areas

<table>
<thead>
<tr>
<th></th>
<th>Adopted</th>
<th>Multnomah DHS</th>
<th>Washington DHS</th>
<th>Clackamas DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted</td>
<td>549</td>
<td>341</td>
<td>111</td>
<td>53</td>
</tr>
<tr>
<td>Multnomah DHS</td>
<td>987</td>
<td>349</td>
<td>182</td>
<td>105</td>
</tr>
<tr>
<td>Washington DHS</td>
<td>53</td>
<td>105</td>
<td>60</td>
<td>37</td>
</tr>
<tr>
<td>Clackamas DHS</td>
<td>53</td>
<td>105</td>
<td>60</td>
<td>37</td>
</tr>
<tr>
<td>Out-of-area DHS branches</td>
<td>22</td>
<td>37</td>
<td>22</td>
<td>37</td>
</tr>
</tbody>
</table>

Current Primary Residence Zip Code for Children in Foster Care Assigned to Hillsboro Pediatrics

97229, 97224, 97144, 97133, 97124, 97123, 97119, 97117, 97116, 97115, 97114, 97113, 97109, 97106, 97078, 97008, 97007, 97006

Count of Members

<table>
<thead>
<tr>
<th></th>
<th>APC Clinics</th>
<th>All Other Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>APC Clinics</td>
<td>353</td>
<td>260</td>
</tr>
<tr>
<td>PMG Providers</td>
<td>173</td>
<td>151</td>
</tr>
<tr>
<td>Legacy Randall's</td>
<td>124</td>
<td>98</td>
</tr>
<tr>
<td>OHSU Doernbecher</td>
<td>98</td>
<td>76</td>
</tr>
<tr>
<td>Hillsboro Pediatrics</td>
<td>76</td>
<td>57</td>
</tr>
<tr>
<td>Calcagno Pediatrics</td>
<td>76</td>
<td>57</td>
</tr>
<tr>
<td>MCHD East County</td>
<td>76</td>
<td>57</td>
</tr>
<tr>
<td>MCHD Mid-County</td>
<td>76</td>
<td>57</td>
</tr>
</tbody>
</table>
Create and Implement a Coordinated System to Identify and Provide Assessment to Children who enter Foster Care
DHS Foster Care Metric:
One of 18 pay-for-performance metrics for CCOs

Physical, Dental, and Mental Health Assessments within 60 days for Children who enter DHS Foster Care
DHS Metric Performance

2014

30 out of 100 Children received all Assessments

2015

57 out of 100 Children received all Assessments
Care Coordination Platform

Dental Assessment for Children Entering DHS Custody – OHA/CCO Metric

Dentist

CareOregon

Notify CareOregon Dental of OHA list (CCO) incentive Metrics State Claims Data/HCO
Send to DNS to "scrub"
Receive updated list with foster parent contact information
Divide by RAC and send
Document completion of dental assessment

Check OAT for record of dental claim within past 30 days
Send claim info to CCO
If recent claim (00/00/00-00/00/00)
Send notification to HDP via secure email
Document appointment in master file
Make appointment for member and notify CareOregon of date/time
Does member complete visit?
Yes
No
Send notification to HDP via secure email
Document appointment in master file
Make appointment for member and notify CareOregon of date/time
Does member complete visit?
Yes
No
Recall if needed until visit is completed
Notify CareOregon Dental of completed appointment and CDT code

Primary Dental Provider

Document completion of dental assessment

Together we are health share
Health Share of Oregon
Pilot and Evaluate New Models to Coordinate and Improve Care for Children in Foster Care
Medical Liaison pilot at DHS

• Monitor required health assessments

• Provide point of contact for health care providers and CCOs

• Participate in system collaborations that support better health outcomes for Foster Children

• Prioritize the health needs of children in foster care
The Foster Care Advanced Primary Care Collaborative

October 2015 – September 2016

Exploring the Foster Care Medical Home Model

Participating Clinic/Clinic Systems:
APC Learning Sessions

LS #1 – November 18, 2015 – A Critical Population, Identifying/Tracking
LS #2 – January 20, 2016 – DHS Structure and Function, Care Coordination
LS #3 – March 16, 2016 – Children's Mental Health and Wraparound
LS #4 – May 18, 2016 – The Biopsychosocial and Developmental Impacts of Early Life Trauma
LS #5 – July 20, 2016 – Dental Care Delivery, Identifying Abuse and Neglect
LS #6 – September 21, 2016 – The Lived Experience of Foster Care
Equality doesn’t mean Equity
Bobby Martin | Foster Care Systems Manager
Health Share of Oregon
2121 SW Broadway, Suite 200, Portland OR 97201
Office: 503-416-4974
Email: Bobby@HealthShareOregon.org