

## **Components of the Screening Visit**

- History taking from DSS caseworker or foster parent
- Brief physical exam
- Evaluate for communicable diseases
- Evaluate for signs of physical or sexual abuse
- Evaluate for life threatening illness
- Discuss findings with caseworker and/or foster parents

## **Components of Comprehensive Medical Visit**

- Medical record review
- History taking with foster parents (and birth parents if available)
- Immunization assessment
- Nutritional assessment
- Oral health screening
- Physical exam
- Developmental assessment
- Assess need for behavioral health services
- Lab testing and lead screening
- Discuss findings with foster parents (and birth parents if applicable)

## **FaCES Program Components:**

- Coordinated intake process  
Daily weekday communication will be established between DSS and the pilot project administrative assistant to identify new children entering foster care in the Central Region. Information exchanged will include relevant background history, the name(s), address and phone number of the foster parent(s), health insurance status, past medical providers if known, referral to the foster care clinic, and authorization to obtain past medical records.
- Communication with existing or past medical providers  
Within 24 hours of notification of a new foster care entrant by DSS, the pilot project administrative assistant and/or nurse practitioner will contact all known previous medical providers to request information regarding the child's past medical history. Copies of medical records will be requested. To facilitate prompt arrival a pre-paid mailing envelope will be provided. Follow-up will occur on a weekly basis as needed to secure these records.
- Facilitated access  
Only foster children being followed by the Worcester DSS office will participate in this program. Office visits will be scheduled at times convenient to foster families. Valet parking will be paid for by DSS.
- Determination of Medical Home  
During the initial phone conversation to schedule the screening visit, the foster parent will be asked to identify the primary care provider that will serve as the medical home for the foster child. This may be the same provider who cared for the patient before placement or a new provider selected by the foster parent. It is assumed that UMMHC will serve as the medical home for a small percentage (perhaps 15%) of these patients, since the program model promotes continuity of care with previous providers. Copies of the medical records from the screening and comprehensive medical evaluation visits will be sent to the identified Medical Home for each child.
- Timely completion of screening evaluation and communication of results  
Within 24 hours of notification of a new foster care entrant by DSS, phone contact will be initiated to schedule a screening appointment within the mandated seven-day time frame. As part of the screening visit, the foster parents (and birth parents if indicated) will meet with the treatment team to discuss the findings. Refer to Appendix A of this report for services included in the initial screening examination.

- Timely completion of comprehensive medical evaluation  
 Concurrent with the scheduling of the screening visit or prior to the completion of the initial screening visit, the appointment for comprehensive medical evaluation will be scheduled within the 30-day mandated time frame. Refer to Appendix B of this report for services included in the comprehensive medical evaluation.
- Initial coordination of follow up/referrals  
 As part of both the initial screening and comprehensive medical evaluation, the child's need for additional follow-up and/or referral will be determined by the treatment team. The administrative assistant will, in the presence of or in coordination with the foster parents, contact the appropriate physician offices to schedule appointments for follow-up care.
- Case management  
 The case management functions will be shared between the nurse practitioner and administrative assistant. The administrative assistant will schedule clinic and referral appointments, place reminder/confirmation calls to the foster parents regarding scheduled appointments, monitor whether appointments were kept, work with DSS to address transportation needs and coordinate the transfer of medical records. The nurse practitioner will communicate with past medical providers and referral sources on clinical issues. In year two, as case management needs intensify, a part-time social worker will be recruited to assume the case management role previously managed by the nurse practitioner. Refer to Appendix E for a preview of items to be tracked through the case management process.
- Resource Linkages  
 To facilitate access to high demand referral resources, program linkages will be established for dental care through the Quinsigamond Community College or Family Health clinic sites, for mental health services through resources at UMMHC, Worcester Child Guidance Center, Children's Friend, and MSPCC, and for care coordination relating to community based resources through the Department of Public Health. Additionally, every child age 0-3 will receive an early intervention evaluation by the UMass Early Intervention program at the Glavin Center in Shrewsbury.
- Inter-agency coordination  
 Ongoing communication will be maintained with the DSS project liaison. DSS will be notified of the results of the screenings and comprehensive medical exams. DSS caseworkers will be invited to join the bi-weekly project team meetings (case discussions). Monthly program planning and coordination meetings will include DSS and DMA representation.

- Training/Education  
UMMHC will work collaboratively with DSS to create a foster care educational module for DSS staff and foster parents.
- Evaluation  
We intend to conduct appropriate process, outcome, and impact evaluation to demonstrate the level of effectiveness of this pilot in achieving its goals and objectives. Qualitative and quantitative evaluation is incorporated in the program design. Refer to the evaluation section of this report for further details.