MA DCF HEALTH CARE OVERSIGHT AND COORDINATION PLAN (2020-2024)

The DCF Health Care Oversight and Coordination Plan builds upon and revises previously submitted plans. The Department continues to strengthen its efforts to ensure that children in the care and custody of the Department receive routine health care and that their specialized medical needs are addressed. These efforts have included increased collaboration with other state agencies and the medical community, as well as working toward enhanced integration of medical and behavioral health care.

I. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

In 1998, the Department established a directive that all children in DCF custody receive an initial medical screening examination within seven days of placement and a comprehensive medical examination within 30 days of entering out of home placement.

This directive was subsequently formalized in agency policy. The policy provides greater detail about the role of the social worker, foster parent, and healthcare providers in scheduling, coordinating, and communicating the findings. This policy also specifies that all children in DCF custody receive healthcare in accordance with the American Academy of Pediatrics periodicity schedule. The policy is reviewed with new social workers during pre-service training and is posted on the DCF intranet.

In order to address the barriers and challenges of making sure that children in placement receive their health screenings, a Task Force on Medical Services was convened in 2014. Led by Dr. Linda Sagor, then a pediatric consultant to the department, and Jessica Coolidge, the agency's only medical social worker, the task force included ongoing social workers, adoption specialists, managers, foster parents and nurses. After meeting for three months, the Task Force presented nine recommendations to the Department leadership. The recommendations are listed below, along with updated information about implementation.

1. **The importance of trauma-informed medical care and compliance with the DCF medical examination policy should be communicated in all forums --** all staff and foster parent trainings, area office meetings, statewide managers meetings, and in work with community providers. The message should be clear and strong: the Commissioner and senior leadership agree that ensuring that all children in DCF custody have access to consistent and timely health care that meets all their medical needs is consistent with the core values and mission of the Department and is high priority. Monthly statistics should be communicated to managers in their usual management report.

   Update: Commissioner Spears emphasizes the significance of health and wellness for children in custody and communicates the importance of adhering to medical care policies to the leadership of area offices through regular meetings and communications with leadership and field staff..

2. **Each area office should have one person who is accountable for ensuring that all relevant medical information** (chronic diagnoses, recent acute diagnoses, medications, allergies) is obtained, communicated to social worker and foster/kinship parent within 24 hours of child entering placement, and documented in FamilyNet. This person would collaborate with DCF social workers and management team to ensure adherence to the medical examination policy, especially with respect to timing of medical exams and documentation of exam information. The concept of a "medical team" made up of a nurse and medical social worker would ensure that necessary clinical and administrative functions are completed. The ideal number of medical teams would be determined by number of cases for which they would be accountable. Nurses in this position would also provide consultation on medical issues for individual cases and would be an active liaison to medical providers in his/her area as well as provide ongoing education and trainings to the field on healthcare trends/topics. Ongoing social workers would continue to be responsible for strength-based case practice by engaging families and obtaining medical information from the beginning of their work with families. Substitute caretakers would continue to be responsible for scheduling and attending all

medical appointments with their foster child. Update: Starting in May 2016, each area office now has one medical social worker (see below). They are recognized among their colleagues and by foster parents as the "champions" for excellent medical and psychiatric care for all children in custody.

3. The current policy (with rigid guidelines for timing of screening and comprehensive medical visits) should be revisited and updated. Specifically, a system of **triage** might replace the current policy. A triage system would ensure that every child receive the care he/she needs within the *appropriate* time frame (e.g., though some children would require screening with 24-48 hours, others would have a month to complete the screen; the comprehensive exam would be pushed out to 45-60 days if no need to follow-up sooner found on screening exam). An example of such a triage system is attached (Appendix E). A triage system would require that DCF have current medical information on *every* child as soon as (but no later than 24 hours after) they enter placement. This system would require additional nursing resources to implement (as per Recommendation #2) as well as continued work with community medical providers to ensure timely access.

Update: The policy has not changed. The area office social workers, with the help of the medical social workers, ensure that children who need to be seen urgently are scheduled and brought to visits promptly. If they have any questions about a child's medical condition, they are able to consult their Regional Nurse or the Medical Director at all times.

4. Efforts to **promote collaboration between the medical community and DCF** are essential. Strengthening this relationship would promote greater understanding of each other's cultures and lead to a commitment among medical providers to understand the medical/psychiatric issues of children in foster care, to provide trauma-focused care, and to allow ready access for medical visits in their offices, allowing decreased usage of the Emergency Department for routine care. Improving communication with inter-office meetings, newsletters, and training sessions would be helpful. Consideration should be given to developing an expert panel of primary care and subspecialty doctors to provide consultation on difficult medical cases. In addition, a protocol for ensuring that pediatric child protection specialists are consulted when appropriate would offer support to the department in complex cases of abuse and neglect.

5. While there has been a closer relationship with the medical community for the past five years, this alliance has been essential during the pandemic. Five teaching hospitals in the state developed a collaboration with DCF to provide COVID testing for asymptomatic children for purposes of placement. This was necessary because testing sites initially would not test asymptomatic children and most insurers would not reimburse for these tests. Pediatricians from the five hospitals collaborated with the DCF Medical Director to develop protocols for testing. These protocols were distributed to the medical social workers who communicated with their area office colleagues about how to access these services. This made a huge difference in DCF ability to place children in foster care and congregate care quickly.

6. **An electronic system of communication from medical offices** and health centers to DCF should be developed so that information can be quickly and reliably transferred. In many offices with an Electronic Health Record system, a health form can be generated and sent via pdf. This would eliminate the current paper passport system, which is outdated and inefficient. The Massachusetts Health Information Highway (HIway) might be utilized for this purpose.

Update: A majority of medical offices in MA now have electronic health record systems which generate reports of medical conditions, medications, immunizations, and allergies. These electronic reports have been very useful in getting and documenting medical information for our children in custody.

7. There should be **consistency in data collection** and practice among all DCF Regions, starting with the gathering of medical information on children from parents/caretakers and providers from the beginning of our work with families (not just at the time of taking custody). An example of a useful form for data collection is attached (Appendix F).

Update: DCF medical social workers collect data on all initial screening and comprehensive visits after placement and document visit date, medical conditions, allergies, medications, and immunizations in iFamilyNet. This information is now being made available as appropriate to foster parents on their portal, Foster MA Connect.

8. Additional **education and training** about medical/psychiatric issues should be provided to all DCF staff and substitute caretakers. Consultation about medical issues should be readily available from area office clinicians (RN or Nurse Practitioner). In addition, consideration should be given to initiating public health campaigns, with DCF as the lead, to deal with medical issues of critical importance

Update: Much education and training by nurses and the Medical Director have taken place in area offices and agency-wide webinars over the past few years. DCF significantly increased training and education between March 2020 and June 2021 with the medical team attending area office staff meetings and participating in more than 20 webinars ***about COVID-19 safety issues, CDC and Massachusetts Department of Public Health guidelines, and COVID vaccine forums. In March 2021 Dr. Sagor began training social work staff to perform BinaxNOW rapid testing in the 29 area offices. Over the next four months 176 staff were trained. COVID-19 rapid testing is now being performed in all offices when a negative test is required for purposes of placement in foster care or congregate care.***

9. Consideration should be given to creating a position of **medical director (MD, RN or NP)** for the agency. This person would supervise all nursing staff and medical social workers (along with their area office leadership), be available for clinical consultation, and be a participant in senior leadership team.

Update: Dr. Linda Sagor, Professor of Pediatrics at University of Massachusetts Medical School and a member of the executive board of the National Council on Foster Care Adoption and Kinship care of the American Academy of Pediatrics, was appointed Medical Director and began work in this position in January 2016. In addition, Dr. Wynne Morgan was hired as consulting child psychiatrist in spring 2016.

10. A policy on psychotropic medication utilization should be developed and implemented. Pharmacologists from the Center on Health Policy and Research at Commonwealth Medicine/UMass Medical School have been working on an electronic algorithm to determine inappropriate medication prescribing practices. At the same time the Psychotropic Medication Task Force at DCF, working with the Center personnel, should develop a protocol for review and remediation of all prescribers "outliers".

Update: The DCF Antipsychotic Monitoring Project pilot began in February 2021 in the Central region. It is now benign expanded to the Boston region. DCF plans to have this implemented statewide by the end of 2021. Dr. Wynne Morgan, DCF consulting child psychiatrist, leads this project.

II. How health needs identified though screenings will be monitored and treated, including emotional trauma associated with child's maltreatment and removal from home

Reports

The Department disseminates three distinct reports to Area Offices to assist social workers in tracking which children have received the initial and comprehensive medical appointments in compliance with DCF policy:

a. A daily Home Removal Episode Report lists all children who have been removed in the previous 24-72 hours and the target dates for their medical visits

b. A Child-Specific report is issued weekly and provides a listing of each child who had a home removal episode within the last sixty days, whether appropriate examinations were done, and the date it was documented in the electronic case record, FamilyNet. This report is sorted by Area and Region and

includes the unit and social worker assigned to the case.

c. A monthly report of compliance by area office of children seen for the initial and comprehensive visits. This report notes the percentage seen within policy timeframes for initial and comprehensive visits as well as those seen in the 6-8 weeks after placement.

Medical Social Workers

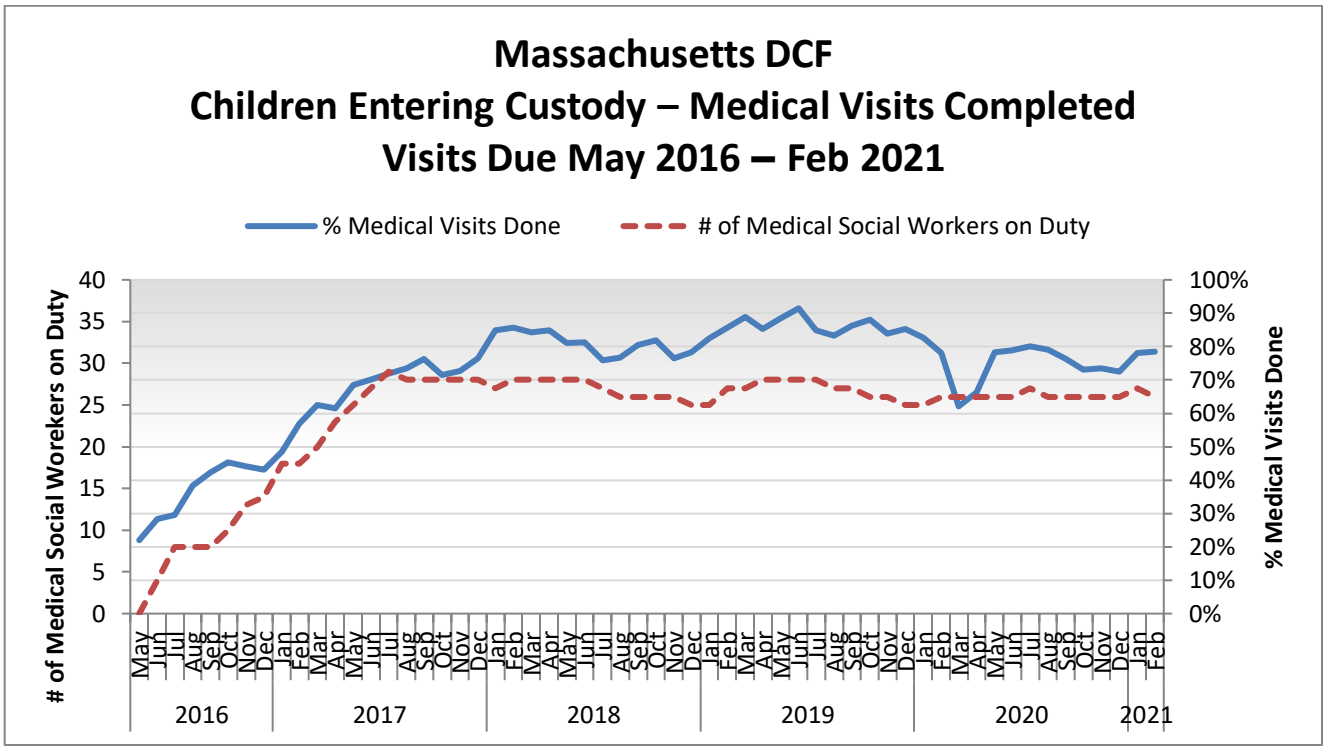
Since May 2016, the Department has hired 29 medical social workers, one for each area office. These social workers, all LCSWs/LICSWs, support their office by ensuring that all children in placement receive their initial medical screenings and comprehensive visits, preferably within the policy timeframe and with their existing PCP. They have been very successful: before they started ~22% of children had any medical visits within 6-8 weeks after placement. The most recent statistics from February 2021indicate **78.4%** of children statewide are receiving their medical visits, with four area offices reporting that 100% of their children are being seen in medical offices. The on-time statistic is now 47%. These statistics are ss. slightly increased from last year, despite the pandemic, and will be expected to increase as medical offices open more fully now. The medical social workers are aware that the goal of 90% on time is the target for our agency. Although there are several obstacles to achieving this, they discuss these issues at current virtual meetings and offer each other solutions that they have found helpful.

Though their primary responsibility is ensuring that initial medical screenings and comprehensive visits are completed, the medical social workers perform many other functions related to health care in the office. They are considered "champions" for medical, psychiatric, developmental, and dental care for children in Department care and custody and provide daily care coordination, navigating complex barriers related to access to care, forming relationships with medical and behavioral health providers, and serving as a boundary spanner between DCF and this healthcare community, in a shared effort from both to overcome barriers

In addition, medical social workers perform the following functions within their office:

- Ensure that all available relevant medical information is documented in agency database – FamilyNet.
- Track data and metrics to help increase compliance with agency policy.
- Ensure appropriate coordination of healthcare services from the time youth enter DCF custody.
- Ensure that youth receive appropriate behavioral health screenings and are referred for treatment as needed.
- Establish and maintain effective relationships between the agency and healthcare providers statewide by collaborating, identifying barriers to access, and ensuring that care coordination is established for all youth.
- Identify cases in which further medical consultation should be conducted with the Regional Nurses.
- Collaborate with the Medical Director, the HMST Supervisor, Area Offices and other specialty units (Regional Nurses, Central Office Medical Social Workers, Substance Abuse Coordinators, Domestic Violence Specialists and Mental Health Specialists), on individual cases regarding children with complex medical conditions and care coordination.
- Assist DCF staff with identifying youth who need HIV testing, accessing the testing and documenting the results in agency database - FamilyNet.
- Support agency staff with pharmacy issues, including Medication Administration Program (MAP) issues when youth are entering group home placements; follow-up on issues around prior-authorization for medication and contact prescribers to inquire if the prior authorization request has been submitted.
- Provide appropriate referrals to community-based healthcare providers; Assist staff with discharge planning.

- Expedite referrals to agency specialists and hospital Child Protection Teams as needed in individual cases.
- Coordinate with agency Area Office staff, Lead Agencies and substitute caretakers to ensure that staff and care providers have appropriate and relevant healthcare information about youth entering custody.
- Identify healthcare trends; staff training needs and barriers to accessing healthcare services.
- Evaluate and guide social work practice issues in the development, revision and implementation of healthcare-related policies and practices.
- Utilize the Medicaid Management Information System (MMIS) to help resolve Medicaid and Managed Care Organization barriers to youth accessing healthcare services.
- Facilitate agency trainings for Area Offices in regard to healthcare-related policies or directives.



Safe Sleep Committee

Several medical social workers met with Dr. Sagor in 2019-2020 to discuss how to reduce unsafe sleep fatalities in the Commonwealth, many of which were open cases in the agency. Following a public campaign in 2018 with other sister agencies at Executive Office of Health and Human Services, this Committee formed to provide education and training to each DCF staff member through meetings at their area office. Between November 2019 and March 2020 four medical social workers, along with Dr. Sagor, completed an interactive presentation at seven area offices. These were well received and stimulated much energetic discussion. While several more presentations had been scheduled for late March and April 2020, they were cancelled at the outset of the pandemic. The Department will restart them, in a virtual format, this year.

Influenza Clinics

For the last two years, medical social workers have partnered with community pharmacies to provide flu clinics for area office staff, foster care children, and foster parents. Despite the constraints of the pandemic over 200 individuals received the flu vaccine in drive-through clinics at area offices in the fall of 2020.

Supervisor of Nurses

The Supervisor of Nurses is responsible to:

1. Supervise, support, direct and evaluate the Regional Nurses
2. Supervise, support, direct and evaluate the Psychiatric Social Worker
3. Work with the Psychiatric Social Worker and Child psychiatrist to plan and manage the Antipsychotic Medication Monitoring Program pilot
4. Co-supervise the DCF Nurse Liaison at Children's Hospital Boston
5. Develop and revise healthcare-related policies
6. Plan monthly HMST staff meetings and trainings by subject matter experts at the meetings
7. Work with the DCF Child Welfare Institute to plan and implement medically oriented trainings for staff;
8. Consult on healthcare/medical issues with DCF staff in Central office, e.g., foster care and adoption units, SIU, legal, policy and practice
9. Communicate regularly with the Make a Wish Program Director regarding children in DCF custody who are eligible for "Wishes", sends medical documentation and completes online applications. Well over 20 children have already received "Wishes" through this process and several are in process to get "Wishes".
10. Manage the process for review of proposed orders to forgo or discontinue life sustaining medical treatment by obtaining documentation of the recommendations from the treating physician, second opinion physician and hospital Ethics Committee and collaborating with the Medical Director and make a recommendation to the Commissioner
11. Manage Contracts:
    a.) Manage contract with Children's Hospital for the DCF Nurse Liaison and the Clinical Consulting service by the Child Protection Team; and
    b.) Complex Foster Care/Medical Foster Home Program: manage contract issues, review new referrals for placement to determine the medical appropriateness of the children and their care needs, monitor the census of the CFC/Medical Foster homes and review quarterly reports submitted by the CFC/Medical Foster home agency;
12. Function as the DCF lead for clinical and operational management of Special Kids/Special Care (SKSC) Program;
13. Manage the Medical Services page of the internal Intranet;
14. Develop and distribute health-related resources for DCF staff in collaboration with the HMST; and
15. Represent DCF on the Department of Public Health Medical Review Team that reviews any individual under age 22 for admission to a nursing home.

Registered Nurses

There are currently seven nurses on the medical team, which includes the supervisor, five regional nurses, and one children's liaison nurse. The Supervisor of Nurses, Mary Lutz, RN, MPH, provides consultation to DCF staff and foster and adoptive parents statewide regarding all healthcare and medical issues for children involved with DCF. She manages the five Regional Nurses, the Psychiatric Social Worker who works on the Antipsychotic Monitoring Project with Dr. Morgan and co-manages the DCF Boston Children's Hospital Nurse Liaison.

Regional Nurses

The Regional Nurses work in close collaboration and partnership with the integrated clinical practice teams in their Region. The nurse helps implement healthcare-related agency policy and provides consultation to DCF staff and to DCF foster/adoptive parents and guardians. The nurse assesses the medical needs of children in the region and recommends policy changes/improvements and broad-based solutions to the Supervisor. The Regional Nurse:

1. Consults on child-specific healthcare issues with individual DCF Regional and Area Office staff and Integrated Clinical Practice teams;
2. Assists staff with interpreting medical record documentation;
3. Accesses the Medicaid claims database to create All Services Reports that outline all services provided to a particular child within a period of time;
4. Coordinates healthcare services through communication with healthcare providers and hospitals, including assistance with hospital discharge planning;
5. Participates in home visits as necessary to support DCF staff with obtaining/monitoring appropriate health care services for children;
6. Reviews medical documentation related to payment of foster parents for care of children with special needs (PACT reviews);
7. Assists Area and Regional Office staff with assessing proposed orders to forgo or discontinue life sustaining medical treatment (LSMT) and accessing physicians to provide second opinions when such orders are proposed;
8. Assists with documentation of healthcare information in FamilyNet and add healthcare-related documentation to the hardcopy case file;
9. Identifies children who are appropriate for the Special Kids/Special Care program and submits the written referrals and medical records to MassHealth for review by the MassHealth pediatrician to determine if a child is medically appropriate for the program;
10. Assists the HMST with trainings for staff and foster parents and helps coordinate trainings on healthcare issues with the Child Welfare Institute;
11. Identifies children appropriate for HMST case conferences and participate in these meetings;
12. Develops relationships with local healthcare providers such as physicians, hospitals, school nurses, home care agencies and mental health providers to help DCF social workers identify a network of providers for accessing necessary services; and
13. Utilizes the MassHealth system to research information necessary to respond to questions related to MassHealth eligibility, third party insurance, prior approval and claims.
14. Works with the Supervisor to establish methods to document actual job responsibilities and measure satisfaction of DCF staff and implement the methods upon approval by the Supervisor;
15. Assists with social work staff with assessing appropriateness of HIV testing for individual children;
16. Provides monthly written reports and weekly e-mail or verbal updates to the Supervisor on consultation and other activities and ad hoc reports as requested;
17. Consults with staff on cases before the Regional Fatality Review Boards;
18. Participates in HMST meetings held at the DCF Central Office and meetings in the Regional and Area Offices as requested by the Supervisor;
19. Participates in DCF Area and Regional Clinical Review Teams and monthly Special Kids/Special Care Case Review Team meetings;
20. Participates in weekly or monthly meetings with certain hospital Child Protection Programs in the region;
21. Assists with the assessment of foster parent's ability to provide for the healthcare needs of children currently placed in their homes and those who may be placed in their homes in collaboration with the Supervisor and the staffing the Foster Care Unit at the Central Office; and
22. Assists with the coordination of treatment plans for medically complex children who are transitioning into new foster homes, group homes and residential placements.

DCF Nurse Liaison (NL) at Boston Children's Hospital

The DCF Nurse Liaison (NL) at Boston Children's Hospital is a member of the DCF HMST and provides essential support and clinical expertise for all DCF staff. She engages in a range of activities that serve to advance the best possible outcomes for medically complex and acutely ill children in DCF custody and facilitate and improve communication among the service providers involved in each child's care. The NL currently in this position is a former staff nurse at Boston Children's Hospital for many years and has extensive pediatric nursing experience and expertise with children who need tertiary care. In the last year, this nurse liaison has been instrumental in supporting DCF social workers who are requesting a COVID test for their children in custody who require a negative test for purpose of placement.

Psychiatric Social Worker

The psychiatric Social Worker is a new position that was established to institute and manage the new Antipsychotic Medication Monitoring Program (AMP). The AMP began as a pilot in the Central Region on February 22, 2021. The pilot will be expanded to other regions and will ultimately be statewide. The purpose of the AMP is to evaluate the appropriateness of new prescriptions for antipsychotic medications for children in DCF custody. The Program will provide medical recommendations that detail the necessary process to determine whether DCF should request a Rogers Order from the court.

The role of the Psychiatric Social Worker is to collect information necessary to determine the appropriateness of the medication from DCF social workers, collaterals, and clinical information about the rationale for the medication and relevant treatment alternatives. The Psychiatric Social Worker will collaborate with the DCF Child Psychiatrist who will review the information and discuss with the prescriber as needed and make a medical recommendation regarding the appropriateness of the medication.

Special Kids, Special Care (SKSC) Program

The Supervisor of Nurses is the lead for the Special Kids, Special Care (SKSC) program, a program for medically complex children in foster care. Massachusetts Medicaid Program (MassHealth) and the Department of Children and Families (DCF) co-sponsor this intensive medical care management program for children in DCF custody and in placement who have complex health care needs through a contract with one of the MassHealth managed health care plans, BMC Health Plan (BMCHP). A pediatrician at MassHealth reviews medical records to determine whether a child is medically appropriate for the program when initially referred and for requests for continued enrollment. A child must be in DCF custody and in foster or group care when initially enrolled. If a child is subsequently adopted, in guardianship or returns to biological parent(s), the child can remain in the program as long as they are medically appropriate, and the case is open with DCF.
The program serves children from newborn to 22 years of age residing in Massachusetts. Examples of medical conditions of children currently enrolled are: uncontrolled diabetes, congenital anomalies, liver disease, renal failure, prematurity, spastic quadriparesis, encephalopathy, neurological disorders, cystic fibrosis, AIDS, malignancies and cerebral palsy. The BMCHP SKSC team includes a Medical Director, five pediatric complex care nurses (two pediatric nurse practitioners and three registered nurses) and administrative staff. Currently 134 children are enrolled in the program.

Services provided by the program include:

1. A nurse case manager from BMCHP works directly with DCF staff, the substitute caretaker and the primary care physician to develop a detailed Individualized Healthcare Plan.
2. The Individualized Healthcare Plan is updated quarterly and provided to the DCF social worker, social workers from contracted agencies and primary care providers.
3. The nurse case manager makes home visits and assesses the child's medical needs, need for additional specialty care, home care services, medications and equipment. The nurse case manager orders and arranges for whatever is necessary.

4. A nurse case manager is on call 24 hours a day, 7 days a week for DCF staff or substitute caretakers to reach a nurse case manager.
5. The nurse case manager works directly with school nurses and other community and state agencies to coordinate and facilitate services.
6. The nurse case manager works with DCF staff and substitute caretakers to assess the ability of potential respite placements to provide the necessary care and ensure that the respite placement has all necessary medical services and equipment.
7. The nurse case manager assesses the child's need for additional specialty care, services and equipment and arranges for whatever is necessary. The MassHealth prior approval process that is required for some medical equipment and services is not required.
8. A nurse case manager is on call 24 hours a day, 7 days a week.
9. The primary care physician and nurse case manager work closely with the child's DCF social worker and foster family or group care program to provide management and monitoring of the child's healthcare needs 24 hours a day, 7 days a week.
10. The nurse case manager works collaboratively with school nurses and other community and state agencies to coordinate and facilitate all services and resources that are available and beneficial to the child.
11. The nurse case manager works with the DCF staff and foster parents to assess potential respite placements and ensure that the respite placement has all necessary medical services and equipment.
12. For children transitioning to adoption, guardianship or biological parents, the nurse case manager:
    - Coordinates and arranges for transition of necessary medical equipment, supplies and services
    - Assists DCF in assessing the parents'/guardians' ability to provide the care needed by the child and makes recommendations to DCF staff
    - Is able to visit a prospective home to determine its appropriateness for meeting the child's medical care needs

Complex Foster Care/Medical Program

The Complex Foster Care/Medical program provides foster homes with caretakers who are skilled and trained to care for medically complex children and the program provides treatment supports to children and youth who require intensive medical care management and coordination.

1. The population includes children and youth from birth through twenty-two years of age who require intensive medical care and management and is administered through a contract with the Center for Human Development.
2. The program staff includes the Director, a social worker and a nurse case manager.
3. The Supervisor of Nurses reviews new referrals to determine whether a child is medically appropriate for this level of care and monitors children in the homes to determine ongoing medical appropriateness and need for transition to other placements.
4. Children and youth in these foster homes are those with technology dependent, complex and/or serious medical conditions requiring regular skilled and non-skilled home care, medical advocacy, complex medical management and services by numerous medical specialists.
5. Children who are medically appropriate for this level of care include those who:
    - Have tracheotomies;
    - Require oxygen supplementation;
    - Are ventilator dependent for all or part of the day;
    - Are diagnosed with cancer and are receiving treatment;
    - Have multiple physical disabilities that require 24 hour a day care;
    - Are diagnosed with serious birth defects that impair their functioning and require skilled care;
    - Have serious medical conditions resulting from prematurity; or
    - Require intravenous or tube feedings and have complex or unstable medical conditions.

Access to Medical History Information through Claims Data

The Supervisor of Nurses collaborated with the MassHealth Privacy Office at the Executive Office of Health and Human Services (EOHHS) to establish access to the EOHHS Data Warehouse, through the Cognos reporting system.

1. The Supervisor of Nurses and the Regional Nurses access MassHealth claims data electronically and create "All Services Reports", which are reports of claims for all services within a specified time period for children in DCF custody.

2. The reports provide DCF social work staff with up-to-date information about medical, dental, behavioral health, pharmacy, home health, medical equipment and enrollment in MassHealth managed care plans, which is crucial information for coordination and management of a child's healthcare services and medical conditions.

3. The reports are particularly valuable when a home removal is done and there is a lack of medical information regarding the child(ren).

4. The reports include information about coverage through MassHealth Managed Care Plan (about 20% of foster children), thereby allowing care coordination with the Managed Care Plan and its providers and the Massachusetts Behavioral Health Partnership,

5. The claims detail in the reports includes medical history information regarding a child's medical conditions, medications, primary and specialty medical care providers, hospitalizations, therapies, home care services, procedures, medical equipment vendors, pharmacies and behavioral health services.

Statewide Medical Social Workers

1. Develops and coordinate ongoing educational and professional trainings for Medical Social Workers
2. Works in collaboration with the DCF Medical Director and Supervisor of Nurses to develop statewide educational materials on current medical and health care trends impacting children involved with the child welfare system
3. Provides daily consultation to medical social workers, around complex care coordination barriers
4. Provides statewide care coordination for youth in foster care, providing overflow support and backup coverage for the Department's Medical Social Workers
5. Provide clinical leadership to the Medical Social Workers and HMST, as well as assuming a leadership role on various interdisciplinary committees and task forces
6. Serves as DCF Liaison to MCEs, MassHealth/Member enrollment center, and EHS
7. Participates in statewide projects with MassHealth
8. Works with DCF data analyst to help identify and clarify social work practice issues that impact data

III. How Medical Information Will Be Updated and Appropriately Shared

A DCF data analyst worked closely with Data Warehouse Informatics at EOHHS (Executive Office of Health and Human Services) to set up a data transfer process for MassHealth (Massachusetts Medicaid) medical information. The Department now receives automated monthly transfers of medical data for children in DCF care or custody. These data pulls include the following: medical, dental, and behavioral health claims (including diagnoses and procedures); provider information; drug information; Medicaid plans; and eligibility for federal and state programs. Patient medical history, going back to October 2015, is included for all children currently in care or custody. The EOHHS data warehouse staff remains available to us for questions, custom data runs, or data sharing enhancements. This process has also made them more familiar with DCF information stored by EOHHS, which may be useful for further collaboration**.**

Data from MassHealth is stored securely in DCF's Oracle 12c database, and can be linked to the DCF

SACWIS, FamilyNet. This allows us to query medical and child welfare data simultaneously. It also extends query capability to DCF Information Technology (IT) and other DCF analysts. Some current projects include:

- Psychotropic drug reports sorted by region and placement type
- Reports on foster children with diabetes diagnoses and insulin use; these are distributed to the appropriate regional nurses for follow-up
- Reports on fractures and other injuries indicative of abuse, to be reconciled with FamilyNet data

Data is available both on the population level, to examine overall trends, and on an individual level. This allows DCF to identify children whose medical history requires further review by medical professionals.
Per the recommendations of the FFPSA, the following information can be queried if desired:

- Diagnoses and procedures cross-referenced to placement location, service types, and other internal DCF information
- Children with unusual treatment plans
- Children with marked instability in medical providers
- Providers or institutions with habitual divergence from accepted medical guidelines

DCF also tracks medical information in its own FamilyNet SACWIS, including records of medical visits, procedures, medical conditions, allergies, drugs and medical equipment, and other information as recorded internally and through contact with medical providers. DCF does not currently import data directly from provider EHRs (electronic health records) but as the developer of the Department's own SACWIS, will be able to do so when future opportunities to interface are available.

Plans for coming year include:

- Further investigation of psychotropic drug use, including medication adherence and drug regimens (including polypharmacy)
- Examination of other behavioral health service usage
- Extending reports for the regional nurses to other diagnoses of interest, e.g. asthma
- Tracking compliance with well-child visit schedules
- Streamlining medical report delivery in collaboration with DCF IT

In addition, see above Section II for *Access to Medical History Information through Claims Data*

IV. Steps to Ensure Continuity of Health Care Services, Which May Include Establishing a Medical Home for Every Child

The Department is committed to ensuring continuity of health care services. All efforts are made to schedule the initial screening and comprehensive visits in the medical home that was established prior to coming into foster care. When this is not possible, medical visits are scheduled with a health care provider close to the foster home or group care facility. At the outset of the pandemic many of these visits occurred virtually but most are now in person.

As noted above, if previous medical providers are not known to the Department, the Data Analyst can search Medicaid claim data to get this information.

Since the Medical Social Workers began in May 2016, they have developed close relationships with the medical practices, community health centers, and hospitals in their area. These workers ongoing communication and collaboration with the medical community has allowed them to schedule children for visits sooner than in the past.

There are two foster care clinics in Massachusetts, both associated with pediatric departments at academic medical centers (University of Massachusetts Medical School and Boston Children's Hospital). Both clinics ascribe to an "evaluation model" where they see children soon after placement, obtain all their medical records,

update their medications and immunizations, make referrals to subspecialists as necessary, compile all relevant information, and then send these children on to a medical home for ongoing primary care and health care coordination. Medical social workers work closely with these clinics to ensure that children get their initial screening and comprehensive visits in a timely manner.

V. Oversight of Prescription Medications

At a state level, Massachusetts implemented a prior authorization psychotropic oversight program, PBHMI (Pediatric Behavioral Health Medication Initiative) in 2014 through the MassHealth Pharmacy Program with collaboration from the Department of Children and Families (DCF) and the Department of Mental Health (DMH). Prior authorizations (PAs) are required for high risk psychotropic medications regimes for all youth on MassHealth, including youth in state custody. Medications regimes that include polypharmacy (four or more psychotropic medications), age restrictions (all psychotropic medications for youth less then 3yo, all psychotropic medications except stimulants and alpha agonists for youth less then 6yo), and psychotropic class duplication (two or more antidepressants, two or more antipsychotics, two or more benzodiazepines, three or more mood stabilizers) require PA form to be filled out by the prescriber and then approved by the MassHealth Pharmacy Drug Utilization Review program prior to the medication being filled at the pharmacy. The highest risk medication regimes receive a limited approval and are referred to an interagency review team (TCM) that includes two board certified child psychiatrists as well as three or more clinical pharmacists. Information on the highest risk cases is discussed in a weekly interagency meeting which includes representation from DMH, DCF, Massachusetts Behavioral Health Partnership (MBHP), and MassHealth. Outcomes from the TCM discussions can include scheduling a doctor-to-doctor phone call with the prescriber and one of the child psychiatrists, referral for care coordination through MBHP, or approval of the regime by extending out the PA. For youth in state custody, the DCF Consulting Child Psychiatrist completes the "doc to doc" phone call to ensure communication internally within the department regarding the high risk cases. As part of the Office of the Medical Director, DCF supports a consulting child and adolescent psychiatrist to help guide oversight efforts within the department as well.

DCF has developed a process to look at all psychotropic prescription rates for children in state custody. This data is reviewed by the consultant child psychiatrist to look at any trends or concerning prescribing practices. The consultant child psychiatrist is also available for consults regarding starting psychotropic medication for youth in state custody.

As noted above, the Antipsychotic Monitoring Project, designed to review ALL prescriptions for antipsychotic medications for children in custody has begun in the Central region and is now being expanded to Boston region. Plan is to expand to entire agency by the close of 2021.

A. Goals

1. To streamline and centralize the approach to how youth in DCF custody are started on antipsychotic medication
2. To establish a process for metabolic monitoring for the ongoing use of antipsychotics for children in DCF custody
3. Develop an internal oversight process that provides skilled and evidence informed medical oversight of antipsychotic medications to take the place of the current non-medical Rogers process for this class of medication

C. Psychiatric social Worker Responsibilities

1. Information about all new antipsychotic prescriptions (2 per day) will be sent by prescriber to the Psychiatric Social Worker to ensure that requests are reviewed by Child and Adolescent Psychiatrist (CAP), the review is communicated to the Area Office, and the Rogers petition is started
2. The Psychiatric Social Worker will be responsible for:
    - **a.** Metabolic monitoring (lab work and BMI) on new prescriptions and six month follow up
    - **b.** Monitoring most high risk PBHMI cases

c. Recording active Rogers Orders and when the orders are due for renewal

Medication Administration Program

A new position for Coordinator of MAP (Medication Administration Program) was created. Carminda Andrade, former Southern region nurse for 14 years, started in this position in January 2020. This role includes the following responsibilities:

- Provide technical assistance to DCF/DMH Caring Together funded programs including supporting programs in relation to MAP (medication administration)
- Also providing tech assistance with adhering to the MAP regulations and policies.
- Meeting with DCF Network specialists and Directors to support their role around medication and medical related issues
- Attend DPH, DMH and DDS for MAP administration meeting quarterly
- Attend MAP work group with program directors and the Trade Group quarterly
- Visit DCF Caring Together youth programs and provide recommendations in relation to medication administration
- Developed and provide oversight for Nurse Monitor pilot program
- Meet with program nurses to support their role in programs in relation to medication administration
- Work with DCF regional nurses to support and assist around recommendations in programs for medical and medications
- Continuing to collaborate with DESE, EEC, School Health, DMH and DCF in developing solution for Residential Schools and MAP
- Continuing to collaborate with DPH to develop a process that will address medication administration for STARR and TPP to bring them into compliance with state medication regulations
- Provide oversight to DCF funded programs and to DCF administration around MAP policies and regulations
- Participated in reviewing and updating the MAP policy along with DDS, DMH, MRC and DPH
- Collect data around medication occurrence/errors and provide reports to DCF management
- Assist Network specialists with addressing medication errors in programs
- Assist with developing Corrective Action Plans around medication related issues for provider-based programs
- Identify programs additional support in maintaining contractual obligations and MAP requirements
- Review allegations of abuse/neglect (51-As) from programs related to medication administration and provide education
- Ensure that all programs are observing and adhering to regulations and policies with MAP
- Provide education to DCF staff and program administration for medication administration process

COVID-19: MAP and Congregate Care

In March 2020, when the State of Emergency was issued, DCF, DMH, DDS MAP administrators worked collaboratively with DPH to develop flexibilities that would assist the youth and adult programs in administering medications during the pandemic. Throughout the State of Emergency DCF, DDS and DMH met weekly and continue to meet to discuss issues and concerns programs were facing and strategized together the best way to support medication administration. Recently MRC was added to the weekly meetings. In addition, DDS with the support of DMH and DCF was able to develop and implement online and virtual classes for staff to be able to become MAP Certified. The entire course and certification process became virtual and went live in June of 2020. This allowed for staff to safely take the course and certification test. This process was also initiated for MAP Trainers. By September of 2020 MAP course for Trainers and Staff had become all virtual. All MAP Trainers were integrated into the new virtual online system by 12/31/20. We continue to meet with DPH a couple of times per month to address smooth transition for when the State of Emergency is lifted.

VI. How DCF Actively Consults with and Involves Physicians or Other Appropriate Medical and Non-Medical Professionals in Assessing the Health and Well-being of Children in Foster Care and in Determining Appropriate Medical Treatment for Children

Training

Medical Director, consulting child psychiatrist and medical team provide training to new DCF social workers as well as newly promoted staff (supervisors, area program managers) on medical protocols, medications, when to consult, and most recently, on all COVID issues.

Children's Hospital in Boston and UMass FaCES (Foster Children Evaluation Services) Clinic provide training for DCF Social Workers and periodically provides additional workshops/in-service training opportunities on selected medical topics. In addition, staff from Children's Hospital provides training for all DCF investigators on assessment of non-accidental trauma.

Protocol for Life Sustaining Medical Treatment

For proposed orders to forgo or discontinue life sustaining medical treatment DCF has established processes for accessing medical recommendations from providers in addition to the treating provider and from hospital Ethics Committees. Once these professional opinions have been obtained, the request is reviewed by the Medical Director and Supervisor of Nurses who make a recommendation to the Commissioner, Deputy Commissioners and the General Counsel for review of the proposed recommendations. If approved, the Department seeks a judicial determination on the decision. The Regional Nurses facilitate review of each order annually with the child's current medical provider to determine whether the order is still medically justified. The supervisor of Nurses maintains records of all order and annual reviews.

Collaboration with Child Protection Teams

The medical team works closely with CPTs in hospitals statewide to collaborate regarding a range of healthcare and psychosocial issues for children who have experienced suspected physical or sexual abuse. Physicians and the DCF Nurse Liaisons from Children's Hospital CPT provide training to new social workers and investigators on assessment of non-accidental trauma. Regular meetings between HSMT and CPT staff statewide are held on a regular basis.

Transition Medication Consent Policy

In response to increasing numbers of requests for consent for gender-affirming medication (puberty blockers and hormones) from pediatricians at clinics evaluating youth with gender dysphoria, the Department has developed a policy to provide guidelines to the medical community about specific mental health information needed in order to consider consent. Currently these guidelines are as follows:

Mental Health Requirements	**1. Requirement for Spironolactone, Oral Contraceptives, and puberty blockers:** a) If youth not currently in psychotherapy, recommend plan to start with local community therapist. **2. Requirement for Gender-Affirming Hormone Agents** a) Youth has been in psychotherapy for 3-6 months at least twice monthly in frequency;

	b) A qualified therapist has completed the "Mental Health Form for Medication for Gender Transition Consent" for review by the Office of the Medical Director and DCF team; c) Youth has had a separate comprehensive, developmentally informed, trauma aware, mental health evaluation supporting recommendation for non-reversible gender-affirming agents from a mental health specialist and the Department has been provided documentation of this mental health evaluation. A comprehensive mental health evaluation should include: 1. Consideration of the developmental effects of child maltreatment; 2. Documentation of the youth's voice around their gender exploration journey; 3. Collateral information gathered from multiple parties (i.e., DCF social worker, community therapist, current caregiver, school); 4. Review of past mental health history including hospitalizations, suicide attempts, and crisis evaluations to the extent reasonable and feasible.
Court Process to Authorize Consent	**When consensus among parties involved with a youth in state custody who is seeking gender affirming hormones is not agreed upon, consent to authorize the medication is deferred to the court system. The involved parties may include but not limited to the Department, biological parents whose rights have not been terminated, and child's attorney. A GAL shall be appointed to review the case and make recommendation to the court.**

This policy has been approved and implementation plans are underway.

WPATH Requirements for Mental Health Professionals:

Competency of Mental Health Professionals Working with Children or Adolescents with Gender Dysphoria

The following are recommended minimum credentials for mental health professionals who assess, refer, and offer therapy to children and adolescents presenting with gender dysphoria:

1. Meet the competency requirements for mental health professionals working with adults, as outlined in section VII;
2. Trained in childhood and adolescent developmental psychopathology;
3. Competent in diagnosing and treating the ordinary problems of children and adolescents

Competency of Mental Health Professionals Working with Adults Who Present with Gender Dysphoria

The training of mental health professionals competent to work with gender dysphoric adults rests upon basic general clinical competence in the assessment, diagnosis, and treatment of mental health concerns. Clinical training may occur within any discipline that prepares mental health professionals for clinical practice, such as psychology, psychiatry, social work, mental health counseling, marriage and family therapy, nursing, or family medicine with specific training in behavioral health and counseling. The following are recommended minimum credentials for mental health professionals who work with adults presenting with gender dysphoria:

A master's degree or its equivalent in a clinical behavioral science field. This degree or a more advanced one

should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.

1. Competence in using the *Diagnostic Statistical Manual of Mental Disorders* and/or the *International Classification of Diseases* for diagnostic purposes.

2. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria.

3. Documented supervised training and competence in psychotherapy or counseling.

4. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.

5. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria. In addition to the minimum credentials above, it is recommended that mental health professionals develop and maintain cultural competence to facilitate their work with transsexual, transgender, and gender nonconforming clients. This may involve, for example, becoming knowledgeable about current community, advocacy, and public policy issues relevant to these clients and their families. Additionally, knowledge about sexuality, sexual health concerns, and the assessment and treatment of sexual disorders is preferred.

This draft has been shared with the New England Gender Care Consortium, a group of all medical professionals working with transgender youth in Massachusetts. They have reviewed and made recommendations. A revised draft will be developed after consultation with additional stakeholders.

VII. Procedures and protocols to ensure that children in foster care placements are not inappropriately diagnosed with mental illness

As noted above, DCF has a consulting child psychiatrist to provide consultation whenever needed to ensure that youth receive the correct diagnoses and treatment. DCF also supports five Regional Mental Health Specialists across the state. The Regional Mental Health Specialists are licensed social workers who have expertise in the mental health system and provide support to Area Office's around complex mental health cases. This role also provides support to youth who are in a psychiatric hospital level of care to ensure appropriate and timely discharge planning, supporting youth to transition back to their foster homes when possible, and avoid unneeded extended hospital stays. Regional Mental Health Specialist work closely with both DCF Child Psychiatrist and DMH Area Child & Adolescent Psychiatrists in order to ensure youth are receiving appropriate mental health supports to support appropriate placements.

Youth in DCF custody also have access to the Massachusetts Child and Adolescent Psychiatry Access Program (MCPAP). MCPAP provides access to behavioral and mental health services by making child psychiatric consultation available to primary care doctors across the state. This allows for youth in DCF custody to have appropriate diagnosis and treatment planning developed through their primary care doctor.

VIII. Health Care Needs of Youth Aging out of Care

Planning for discharge and transition from placement and case closing can begin at many different points but the Department must, beginning 90 calendar days prior to discharge and case closing, provide a transition planning process in collaboration with the youth/young adult, based on an assessment of her/his

readiness for living interdependently in the community, age and follow up supports. The discharge and transition planning process must include a discussion of the youth/young adult's education, employment or work skills development, housing, health insurance including the importance of a medical health care proxy, local opportunities for mentoring and other specific support services. The plan should be reflected in the Service Plan and/or dictation and must be reported in any Permanency Hearing Report filed with a court after the youth/young adult turns age 17 years and nine months old. Any outstanding life skills needs are prioritized and addressed prior to discharge from placement and case closing. The Department must also provide written notice to the youth/young adult at least 30 calendar days prior to the anticipated date of discharge from placement and case closing (which may occur later). The scheduling of both steps should be planned.

- For the youth who intend to leave Department care or custody on her/his 18th birthday, the discharge and transition planning must begin 90 calendar days prior to discharge and the closing of the case. The written notice of discharge from placement and case closing should be sent within 90 calendar days and at least 30 calendar days prior to her/his 18th birthday. The notice must contain notice of the right of the youth to challenge the discharge from placement and the closing of her/his case through the fair hearing process.

- For the young adults who have continued sustained connections with the Department beyond age 18, the discharge and transition planning is completed within 90 days prior to the closing date. The dates for discharge from placement and case closing should be reflected in youth readiness assessment tool if being utilized and the current Service Plan. Written notice of the discharge from placement and/or case closing is sent at least 30 calendar days prior to the date of the discharge from placement or case closing accordingly

IX. COVID-19: Systems Currently in Place and Plans for 2020-2024

COVID-19 Notification system: Since 3/12/20 the agency has had a formal notification system, and COVID-19 tracking forms, for all concerns related to exposure and confirmation of COVID-19+ persons for all staff, foster/kinship families, children in custody, and open consumers. This notification originates in area office and is sent to regional leadership, Commissioner, Deputy Commissioner, and Medical Director. Medical Director responds to all with formal recommendations per CDC and Massachusetts Department of Public Health (DPH) guidance. In May the notification forms were updated to add a specific form for congregate care facilities. Since March 2020, more than 6000 tracking forms have been sent from area offices, and responses to each form with recommendations for management have been sent back to area offices. To date, **4375** COVID-19+ cases of staff, foster parents, children in custody, and open consumers have been tracked and documented.

COVID-19 testing: Although Massachusetts greatly increased testing capacity after the start of the **pandemic it had been difficult to find options for testing asymptomatic children when** necessary for placement into foster homes or congregate care facilities. DCF developed collaborations with pediatric colleagues in academic medical centers in the state to provide safe, efficient, and accessible testing for children in our care. MA Emergency Management also provides mobile testing when necessary.

In January 2021 the medical team developed a project to teach social workers how to do BinaxNOW rapid COVID testing in the area offices. A CLIA certificate was obtained, under the medical license of Dr. Linda Sagor, Medical Director, and 29 area offices were approved to be sites for COVID-19 rapid testing. To date, over 100 social workers from 19 offices have been trained in-person to do this testing and testing has begun in all of these offices. The remaining ten area offices will be trained by June 30.

COVID-19 in Congregate care: The Department developed a rapid response protocol for these facilities when a case of COVID-19 is diagnosed in a youth or staff. The congregate care team ensures that the program has adequate staff and is able to isolate COVID-19+ persons and quarantine all exposed. In addition, there are currently 18 COVID-19+ beds in separate facilities for confirmed cases from congregate care. DCF collaborated with the state licensing agency (MA Early Education and Care) to develop a policy that recommends a symptom-based or time-based strategy to discontinue isolation (usually by 10 days) in

accordance with CDC and Massachusetts DPH guidance. The new congregate care tracking form lists all children in our custody at a specific facility, so DCF know, at a glance, what the situation is there and what challenges need to be resolved.

COVID safety:
DCF policy team (Formal unit name?) developed guidance about worker safety, placement of COVID-19 and exposed children, use of PPE, and prioritizing initial screening and comprehensive visits for children entering placement in accordance with CDC and DPH guidance. Over 12 webinars about worker safety have occurred since the beginning of the pandemic. Additional webinars about COVID issues were presented to foster parents, Family Resource Centers, and provider agency staff.

COVID vaccine:
Several webinars were presented on the COVID vaccine to encourage staff to receive it. A successful congregate care vaccine program was undertaken for youth 16+ in January. A campaign to vaccinate ALL youth in custody 12+ is currently in process.