



“Improving Mental Health Access for Children in Foster Care in Eastern North Carolina”

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Background/Introduction

- Brody School of Medicine Outpatient Pediatric Clinic provides primary medical care for many foster care children and foster parents throughout many counties in Eastern North Carolina.
- The care of these foster children requires an initial foster care visit within 7 days of foster care placement. This visit includes a review of medical history and medications, review of immunizations and school/developmental history, a full physical exam and labs as needed. Foster parents have 4 pages of paperwork that need to be filled out and signed by the end of the visit.
- Foster children are then seen again at 30 days after foster care placement and then again at 6 months. (Paperwork included at these visits also)

Background/ Introduction

- Children in foster care have challenging and unique mental health needs due to the physical, social, and psychological stressors they face.
- Despite social workers and county Child Protective Services workers acting in children's best interests, removing them from their home and away from their family is extremely traumatic.
- Community Care of North Carolina(CCNC) is a primary care case management entity for most Medicaid beneficiaries in NC. Among many recommendation, CCNC recommends a full mental health evaluation for **all** children aged 6 and above within the first 30 days of foster care placement.

Collaborative Team Members

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Aim Statement

Within 5 months, ECU Pediatrics will increase the number of referrals for mental health evaluations by 20% for children in foster care aged 6 and up during the first 30 days of foster care placement.

Process and Methods

- After establishing a baseline of prior mental health referrals for children aged 6 and above in foster care, we identified a mental health entity that would evaluate and treat children placed in the foster care system.
- The mental health entity we identified would be able to perform the mental health evaluation, provide counseling/therapy and medical treatment if needed.
- We surveyed ECU pediatric providers on their knowledge of the need for mental health resources for children in foster care.
- We then initiated a total of 2 PDSA cycles to **educate** all providers at ECU Pediatrics on the need for mental health evaluations for children in foster care **AND provide** the resources we identified to complete these evaluations, and the process to complete the needed referral.

Challenges Encountered in Planning QI Process

1. Finding a mental health entity that will serve children, accepts Medicaid and can provide a mental health evaluation as well as counseling/therapy and medication if needed.
2. Communicating the needed information/referral instructions to a group of physicians that are never all in the same place.

Baseline Data

Prior to our first PDSA cycle (December 2023), we sent out a 2-question survey to General Outpatient Pediatric faculty providers asking;

- 1: Are you aware of the CCNC recommendation that all children in foster care age 6 and above should have a mental health evaluation (and treatment if needed)?
- 2: Do you know where to refer these foster care children for the recommended **comprehensive** mental health services?

	Yes	No
Question One	7/12	5/12
Question Two	0/12	12/12

Baseline Data

- We reviewed foster care visits for the 6 months prior to starting our first PDSA cycle.
- We excluded children in foster care who came to us already established with a mental health provider.
- **June 2022-January 2023**, 39% (7/18) were given the appropriate mental health referrals.

Improvement Strategies Employed

- **The first PDSA intervention** (1/21/2023-5/23/2023) was an email to all providers in the General Pediatric clinic educating everyone on the need for a mental health evaluation for all children in foster care 6 years of age and above (if not already established with a mental health provider). This communication included instructions on how to place the referral and where to refer the child for the needed services.
- During the first PDSA cycle, 90% or 10/11 foster care children seen for the initial foster care visit were properly referred for a mental health evaluation.

Improvement Strategies Employed

- The 2nd PDSA intervention (5/24-8/31/2023) was the creation of an “initial foster care template” to use when performing an initial visit for a child newly placed in foster care. The template included reminders for the provider to ask about the child’s access to mental health providers and to make the proper referral if needed. This template and reminder was communicated through group email.
- During 2nd PDSA cycle, 100% or 12/12 of foster care children seen for an initial foster care visit were properly referred for a mental health evaluation.
- **Overall**, our mental health referrals increased from 39% pre-intervention to 96% at the end of our second intervention (22/23).

Next Steps

1. Ensure children in foster care stay engaged in mental health entity while in foster care and beyond, if needed.
2. Continue relationship with pediatric mental health services and expand/adjust, if needed.
3. Continue to educate faculty and **pediatric residents** on the mental health needs of children in the foster care system and how to best address those needs.

Questions?