PROVIDER G-FORCE MEETING

Division of Family & Children Services

July 20, 2010

June G-Force Follow-up

- Schedule meeting with Providers to discuss the memorandum regarding a goal of zero substantiated cases of medical maltreatment in care and to review lessons learned from case studies
- Send memorandum to all CCI/CPA Providers regarding written protocols addressing:
  - Administration medication
  - Medication tracking system with check and balances
  - Responding to and documenting child's medical complaints
- There is a need to develop a DFCS protocol for addressing the medical needs of medically fragile children entering into foster care and transitioning placement

AGENDA

- Purpose/Reminder of G-Force Meeting....................Terence Johnson
- June G-Force Overview....................Terence Johnson & Angela Coulon
  - Inadequate Medical
  - Placement Stability/Learnings from Case Studies
- Eliminating Maltreatment in Care One Bite at a Time....................Terence Johnson
- Placement Stability Drill-Down .... Sharon Hill & Angela Coulon
  - Comparison of Characteristics of children with 10 or more Placements to those with 9 or fewer Placements
    - Children still moving: types of moves
    - Fewer With siblings in care: sibling foster care exit reasons
    - Increasing population of children with 10 or more placements
    - Case Study
- New Hypotheses, Ideas & Strategies ....Terence Johnson
  - Short-term/Long-term strategies
- Summary & Next Steps....................Terence Johnson
  - Homework Assignments and Action Plans

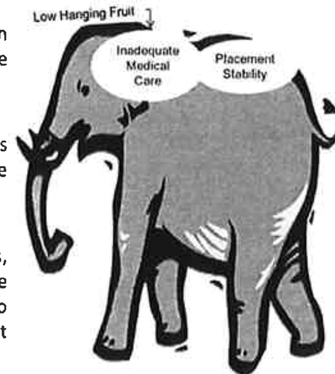
Purpose & Importance of G-Force Meetings

- Promote discussion
- Develop hypotheses
- Test hypotheses against data
- Discover solutions
- Develop action steps

June G-Force Overview

Focus: Eliminating Maltreatment in Care One Bite At A Time......

- Our approach to dealing with maltreatment in care is taking one bite at a time.
- Our Core Value is **No** child who has already been maltreated should ever be hurt again on our watch.
- In the last several Provider G meetings, we have gained agreements on the hypotheses and been able to take two bites out of the elephant: Placement Stability and Inadequate Medical care.



Maltreatment in Care: Inadequate Medical

Four areas of concern were identified:

1. Lack of trained staff to appropriately administer medicine
2. Lack of verification/sign off process for distribution of medication
3. Inadequate (or the lack of) tracking system
4. Lack of adequate follow up to children's medical complaints/incidents

Maltreatment in Care: Inadequate Medical

We bet if...

We develop a tracking system to ensure:

- Medication is administered appropriately by trained staff
    - Contingency plans for administering medication in the absence of designated staff
- Doctor's appointments are met as scheduled
- Adequate documentation and follow-up of the child's medical complaints
- Quality assurance measures are implemented to ensure oversight of the above

Then...

Zero incidents of substantiated maltreatment in care due to medical neglect will occur.

Components of Agency Tracking Systems

- Identify the designated staff and back-up person responsible for daily administration of medication.
  *Submit names to OPM via email(dfcsprovi@dhr.state.ga.us) no later than August 6, 2010.

- Identify the staff that will oversee and sign off on the daily administration of medication.
  *Submit names to OPM via email(dfcsprovi@dhr.state.ga.us) no later than August 6, 2010.

- Documentation log of initial complaints made by children as well as the agencies' response.

- Documentation log of current certification/training of designated staff and back-up person responsible for administering medications

Monitoring Agency Tracking Systems

During the Next Six Months:

- Agency submission of designated staff and back-up for medication administration and verification/sign off staff to OPM by August 6, 2010

- On-going, focused review of tracking documents by OPM staff during site visits
  - Daily medical administration verification/sign-off sheets
  - Signed daily medical logs
  - Child medical complaints log and agency response documentation

- Comparison of incident reports to medical administration and child complaints documentation and logs

- DFCS will review self-reported data monthly from a sample of providers to ensure the new protocols are implemented

Placement Stability: *Learnings* from the Case Studies

- In both Case Studies, we found the following things were not done:
  - We didn't listen to the children
    - Lack of appropriate follow through on assessing allegations of abuse or neglect
      - Lack of expertise in specialty investigations (sex abuse)
      - Not blaming the child when they self report issues (child reported being hit and was asked what she did to cause the incident)
    - Child identified her needs to DFCS and providers but neither entity responded to her request
  - We didn't listen to the professionals
    - Recommendations for service provision/placement were not followed
      - Lack of quality assessments may lead to failure to follow the recommendations
  - We Missed the therapeutic connections
    - Urgency for immediate service provision
    - Emotional trauma to the child was identified but not addressed with service intervention
    - Risk were identified and documented but not addressed
    - Case professionals are not:
      - communicating during transition
      - developing a plan for service continuity; or
      - Developing an after care plan

Maltreatment in Care: Placement Stability

Hypothesis: Appropriate and timely matching of caregiver's capacity to child's vulnerability facilitates placement stability and therefore decreases the likelihood of maltreatment.

We bet if...

During the Next Six Months:

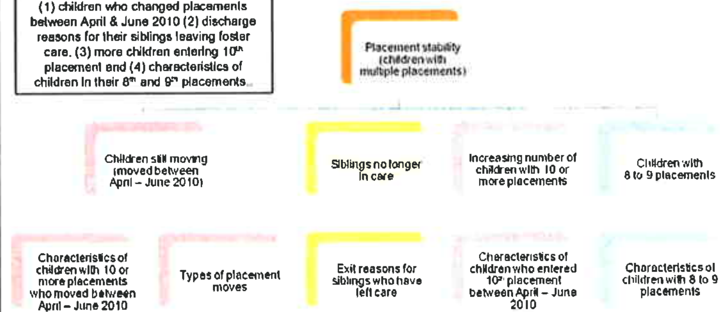
- Develop *DFCS* Protocol, in conjunction with providers, to address:
  - Planned Placement changes
  - Unplanned Placement Changes
  - Transitioning Medically Fragile children
- Implement a tracking system to determine whether placement recommendations were followed and/or considered
- Develop DFCS Protocol for addressing the medical needs of children entering into foster care
- Identify process for professionals to share information (i.e. Networking Meetings and/or Family Team Meetings)

Then...

Increased placement stability for children resulting from the caregivers' capacity/ability to meet or exceed the child's vulnerabilities/needs.

Deeper Drill Down into Placement Stability (July 2010)

Focus of today's analyses are on children who have had 10 or more placements since entering care, specifically addressing (1) children who changed placements between April & June 2010 (2) discharge reasons for their siblings leaving foster care, (3) more children entering 10th placement and (4) characteristics of children in their 8th and 9th placements.



Comparison of Children with 10 or more Placements and those with 9 or Fewer Placements between the ages of 12 and 17

	9 or fewer placements / aged 12 to 17 N=(2,344)	10 placements or more (N=249)
Average age	14.8	15.5
Average months in care	**35.9**	**66.3**
Average months in current placement	9.6	7.4
Average number of placements	3.8	13.1
Percent with substantiated maltreatment in care	**3.8%**	**7.2%**
Percent with previous foster care stay	**27.4%**	**49.4%**
Percent with siblings in care	**42.9%**	**14.5%**
Percent placed with at least one sibling	**75.5%**	**22.0%**

The greatest differences are in the number of months in care, substantiated maltreatment in care reports, foster care entries, and number of siblings in care and the number placed with their siblings.

General Behavioral Health Information July 2009 - May 2010

Out of 249 children with 10 or more placements, 200 of them received some form of Behavioral Health Services.

•154 received an array of Behavioral Health Services outside of a PRTF.
•46 received treatment in a PRTF.

The most common diagnoses for the 200 children were:

- Oppositional Defiant Disorder (60 children)
- Bi-polar I Disorder (53 children)
- ADHD - Combined Type (40 children)
- Posttraumatic Stress Disorder (24 children)

Children with 10 or More Placements who are Still Moving (N=95)

(Placement Changed between April 1, 2010 & June 30, 2010)

Of the 249 children with 10 or more placements in March 2010:

95 or 38.2% of them had a placement change between April and June 2010.

29 or 30.5% of the 95 children had at least two placements during this time period.

- 18 of the 29 children (62%) had previous foster care entries.
- 28 of the 29 children received behavior health services

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