



Integrated Behavioral Health Consult Model for Youth in Foster Care

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Background

Traumatic events are common in childhood. For the approximately 400,500 children in foster care: trauma is not just common, but often chronic and cumulative. Chronic exposure to trauma can have profound negative impacts on a child's mental health. Early detection of mental health concerns and referral to evidence based treatments is key to ensure best outcomes for children in foster care. But there is currently limited access to timely child psychiatric services for some of the most at risk youths.

The Foster Care Evaluation Service (FaCES) in Worcester MA provides medical evaluations for children entering or changing placements in foster care in Worcester MA. Working with the departments of pediatrics and psychiatry at UMass, an integrated behavioral health consult service was started in spring of 2014 which sees children referred from FaCES pediatricians for a variety of mental health concerns. This consult services utilizes a system's of care approached focused on family driven and youth guided care to help treat some of the most at risk youth.

Objectives

- 1) To provide a detailed description of a novel behavioral health consult service that is integrated into a pediatric health clinic for children in foster care.
- 2) To provide pilot data and experiences to support the importance of on going funding for a specialized behavioral health consult service for the foster care population.

References

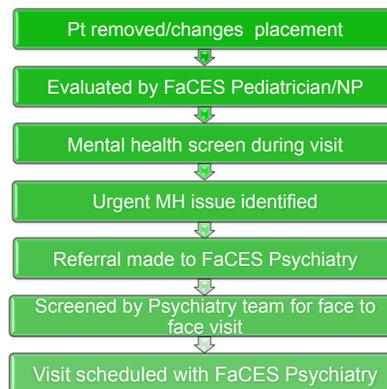
•The AFCARS Report. In: Services USDoHaH, Families AFca, Administration on Children YaF, Bureau Cs, eds. Washington D.C.2012.
 •Felitti VJ, et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. "Am J Prev Med. 1998 May;14(4):245-58.
 •Dube SR, et al. "Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: implications for health and social services." Violence Vict. 2002 Feb;17(1):3-17.

Consult Model

• Psychiatry consult program and FaCES collocated within UMass Pediatric Primary Care Clinic.



Referral Process



- Pts may have a minimum of two 90 min evaluations and a max of 4 sessions with the option of future follow up.
- Sessions can include family consultations and care coordination with DCF case worker.
- There is direct communication among providers following consultation as well as monthly team meetings.

Consult Cases



| Race | Cases |
|------------------|----------|
| White | 66% |
| African American | 17% |
| Hispanic | 17% |
| Sex | |
| Male | 83% |
| Female | 16% |
| Age range | 6yo-17yo |

•Prior to evaluation at FaCES psych consult program, 1 out of 6 pts had psychotropics prescribed by a child trained psychiatrist and 4 out of 6 were prescribed by PCP.

Number of Psychotropics Prescribed at Intake



- At intake, 2 cases were on AA. Provider recommended against Rogers or to taper. In 1 case, provider did rec. possible AA.
- 2 out 6 cases had therapy in place prior to evaluation. Provider recommended therapy for 6 out 6 cases.
- 1 out of 6 cases had home and community-based services. Provider recommended/established this service for the 5 others.

Conclusion

Overall, the integrated psychiatric consult model for youth in foster care provides the FaCES Psychiatric team with the opportunity and flexibility to individualized evaluations & interventions to emphasize family driven and youth guided care while also having efficient and effective communication and care coordination with the referring FaCES pediatric provider.