

Los Angeles County Medical Hub Clinics

July 2014



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Background

NATIONAL TRENDS

- **Children in foster care have significantly greater health problems** than children in the general population (including: physical disabilities, developmental delays, mental health problems and chronic medical conditions).
- In many cases, such **problems are undiagnosed** before entry into foster care.
- Many foster children **do not receive adequate or timely health care** once they enter the child welfare system.

LOS ANGELES COUNTY

- **Each month, approximately 600 to 900 children** experiencing child abuse or neglect are **placed in out-of-home care** by DCFS.
- **Prior to the establishment of the Medical Hub Program in 2006**, caregivers took DCFS children in need of medical and mental health services to a **variety of public and private providers**.
- **Community providers generally do not have specialized training** in the complex needs of foster children and **often do not have the time** during a standard well-child visit to address these needs.
- Therefore, the delivery of **health care to DCFS-involved children was not coordinated or standardized**.
- As a result, **DCFS struggled to consistently put together a comprehensive picture** of the child's health and mental health status.

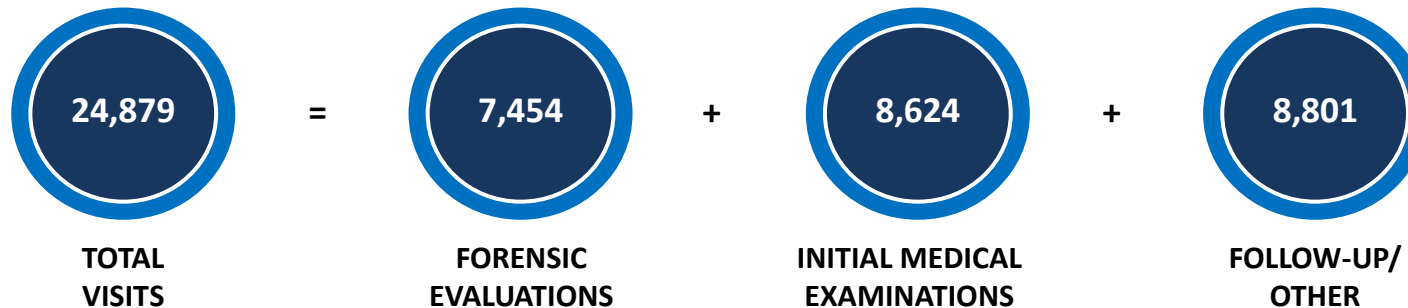
Overview – Medical Hub System

In 2006, the Los Angeles Medical Hub Clinics were established through a partnership between DCFS, DHS, and DMH to provide high quality, coordinated medical care to improve outcomes for children in the child welfare system. The mission of the countywide Medical Hub Program is to provide DCFS with expert medical opinion to inform investigations of suspected child abuse and neglect as well as improve medical care for children in the system. The main services provided by the Medical Hubs are described below.

- 1 MEDICAL SCREENING**
 - A minimally-invasive initial screening for temporarily detained children (between DCFS' removal of a child from the home and the court's issuance of removal order).
 - Currently for children detained after business hours or during weekends/holidays, as they wait for placement at the Child Welcome Center or the Youth Welcome Center.
- 2 FORENSIC EVALUATION**
 - Assessment of suspected child physical abuse, sexual abuse, or neglect is performed by a medical professional with extensive training and experience.
 - Each DHS hospital's Suspected Child Abuse and Neglect (SCAN) team is integrated into the Medical Hub program to provide this service.
- 3 INITIAL MEDICAL EXAMINATION**
 - Comprehensive exam for newly detained children occurs within 10 days for high risk and/or children 0-3 years of age; and within 30 days of placement for non-high risk children over 3 years of ages.
 - Includes: health/developmental history, physical exam, nutritional assessment, vision & hearing screening, dental screening, immunizations, lab tests, and health education.
- 4 ONGOING MEDICAL CARE**
 - Care for children in foster care with identified or complex medical needs.
 - Serves as a "medical home" for these children, coordinating their health care needs.

Overview – Medical Hub Statistics

In Fiscal Year 2012-13, the Medical Hubs provided the following services to DCFS children.



Medical Hub	VISITS ¹	WAIT ²	STAFFING (FTEs) ³			
	No.	Weeks	CSW	PHN	NP	Phys.
1. High Desert Regional Health Center	2,890	1-2	1	1	2	.6
2. Martin Luther King, Jr. Outpatient Center	2,925	3-3.5	1	1	1 ⁴	3
3. LAC+USC Medical Center (24 hours/7 days)	13,866	4	4	1	9	4
4. East San Gabriel Valley Satellite Medical Hub	2,131	6-7	1	1	1	1
5. Olive View-UCLA Medical Center	1,447	4-5	1	1	.6	2
6. Harbor-UCLA Medical Center	2,135	2-6	2	1	2.5	1.5
7. Childrens Hospital Los Angeles (private)	569	5-6	1	1	-	-
TOTAL	25,963	-	11	7	16.1	12.1

¹Number of Medical Hub visits from 7/1/13 to 5/31/14.

²Weeks to schedule initial non-acute appointments; this represents the point at which there are multiple appointment slots free. All Hubs also set aside same-day or next-day appointments and/or appointments for infants and urgent visits.

³CSW = Children's Social Worker; PHN = Public Health Nurse; NP = Nurse Practitioner; Phys. (Physician)

⁴Physician's Assistant

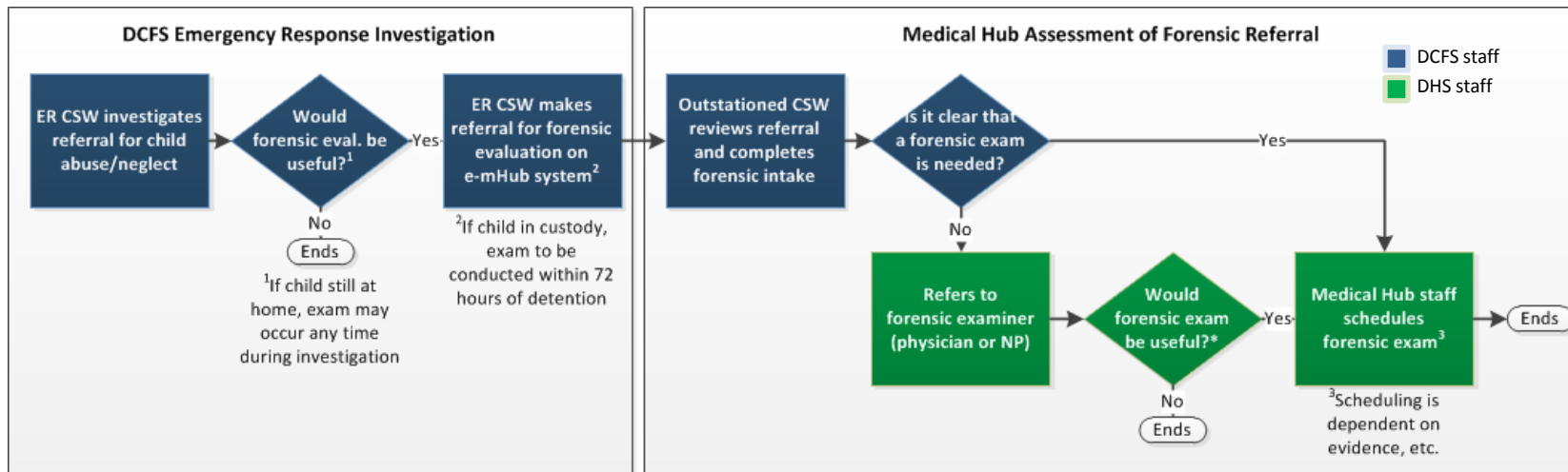
Overview – Medical Hub and DMH Child Clinics

Categorized by Supervisorial District, the following list shows the seven Medical Hubs and DMH sites offering mental health services to children (14 Directly Operated Children’s Programs and 20 Specialized Foster Care Co-located Offices).

SD	Medical Hub	DMH Child Clinic
1	LAC+USC Medical Center (Los Angeles)	<ul style="list-style-type: none"> LAC+USC Child Adolescent Psychiatric Clinic Roybal Family Mental Health Center San Antonio Mental Health Center Violence Intervention Program (VIP) DMH (Santa Fe Springs and Belvedere DCFS Regional Offices)
	Childrens Hospital Los Angeles (private)	<ul style="list-style-type: none"> See above
	East San Gabriel Valley Satellite Hub	<ul style="list-style-type: none"> See above
2	Martin Luther King, Jr. Outpatient Center (Los Angeles)	<ul style="list-style-type: none"> Augustus Hawkins Family Services Coastal Asian Pacific Islander-Family Mental Health Center Compton Family Mental Health DMH (Compton East, Figueroa, Metro North, Vermont, and Wateridge DCFS Regional Offices)
3	Olive View-UCLA Medical Center (Sylmar)	<ul style="list-style-type: none"> Edelman Westside MHC- Children Valley Coordinated Children's Clinic San Fernando Mental Health Center DMH (Santa Clarita , W. San Fernando, and West LA DCFS Regional Offices) DMH (West LA Geographic Inst)
4	Harbor-UCLA Medical Center (Torrance)	<ul style="list-style-type: none"> American Indian Counseling Center Harbor-UCLA Medical Center Long Beach Asian Pacific Islander-Family Mental Health Center Long Beach Child & Adolescent Program South Bay TIES for Adoption DMH (Lakewood and Torrance DCFS Regional Offices) Long Beach-South Bay Geographic Initiative
5	High Desert Regional Health Center (Lancaster)	<ul style="list-style-type: none"> DMH (Palmdale and Lancaster DCFS Regional Offices) DMH (Covina, Glendora, El Monte, Pomona, and Pasadena DCFS Regional Offices)

Overview – Forensic Evaluations

A forensic evaluation may be authorized for a child, when there are allegations of physical or sexual abuse and when the child has been placed in protective custody. A forensic evaluation is not required for all DCFS children.



*If the referring CSW disagrees and still feels that the exam would add to the investigation, then the forensic exam would be scheduled.

CRITERIA FOR DCFS ER CSW TO MAKE REFERRAL FOR FORENSIC EVALUATION –

- Allegations of **physical, sexual abuse, or neglect** and child has been placed in protective custody.
- Forensic evaluations require **parental consent** (if child under 12) **or exigent circumstance**.
- Absent either of these, a **warrant, a court order, or exigent circumstance** (i.e., medical emergency, exam necessary to preserve evidence of a crime).

CRITERIA FOR THE MEDICAL HUB TO ACCEPT AND SCHEDULE REFERRALS FOR FORENSIC EVALUATIONS –

- All children who are alleged victims of child abuse and neglect and **under the age of five or non-verbal or unable/unwilling to communicate** with the CSW about the allegation(s).
- Any case in which the referring CSW communicates to the Medical Hub intake staff that he or she **feels the child should be seen**.
- Any child for whom a **detention decision is being made based on a current physical finding**, but an examination or consultation by a trained forensic examiner has not occurred. In these cases, an immediate (same day or next day) appointment will be scheduled, and the CSW will be requested to accompany the child.

BRCCP's Recommendations

1. Assessment of Medical Hubs

- Conduct an assessment to identify each Medical Hub's strengths and weaknesses.
- Develop strategies to meet the needs in each geographic area.

2. Screen all children entering placement at a Medical Hub – DCFS only has the authority to conduct medical screenings for children who are temporarily detained (typically around 72 hours, between DCFS' removal of a child from the home of the parent or guardian and the juvenile court's issuance of a removal order). We will therefore change this recommendation to read, "Screen all children who are temporarily detained at a Medical Hub.

- Develop a process to ensure that all children who are temporarily detained are screened at the Medical Hubs.

3. Children placed in out-of-home care should have ongoing health care provided by physicians at the Medical Hubs.

- Develop a process, in collaboration with relative/licensed foster care, to evaluate whether ongoing health care can be provided by Medical Hubs.

1 – Assessment of Medical Hubs

DRAFT ASSESSMENT TOOL

Goal: To determine each Medical Hub’s capability to provide expanded services and fulfill the mission of the Hub clinic system this tool assesses the availability of resources: 1) space; 2) staffing; 3) medical home services and co-location of other services; and 4) support/infrastructure.

CATEGORY	ASSESSMENT OF MEDICAL HUB:		
Patient Care	Number served: mo. yr.	Number of visits: mo. yr.	
Space	Number of exams rooms:		Number of waiting rooms:
	Square footage:		
Staffing	Providers (FTEs):		Nurses (FTEs):
	Co-located DCFS CSWs (FTEs):		Clerical/Admin (FTEs):
	Co-located DCFS PHNs (FTEs):		
Services	Mental Health Services: <input type="checkbox"/> Y <input type="checkbox"/> N		
	Other onsite support services (legal service referral, food resources, etc): <input type="checkbox"/> Legal <input type="checkbox"/> Housing <input type="checkbox"/> Food <input type="checkbox"/> Other:		
	Team based care resources:		
Support/Infrastructure	Electronic Health Record: <input type="checkbox"/> Y <input type="checkbox"/> N		RN advice line: <input type="checkbox"/> Y <input type="checkbox"/> N
	Phone system: <input type="checkbox"/> Y <input type="checkbox"/> N		
Appointment Availability	Forensic Eval. Avg. Wait Time <input type="checkbox"/> Same day <input type="checkbox"/> Current week <input type="checkbox"/> 2-3 weeks <input type="checkbox"/> More than 4 weeks	Initial Avg. Wait Time <input type="checkbox"/> Same day <input type="checkbox"/> Current week <input type="checkbox"/> 2-3 weeks <input type="checkbox"/> More than 4 weeks	Ongoing Avg. Wait Time <input type="checkbox"/> Same day <input type="checkbox"/> Current week <input type="checkbox"/> 2-3 weeks <input type="checkbox"/> More than 4 weeks
	Hours Extended hours: <input type="checkbox"/> Y <input type="checkbox"/> N		

2 – Medical Hub Screenings

DCFS only has the authority to conduct medical screenings for children who are temporarily detained (typically around 72 hours, between DCFS’ removal of a child from the home of the parent or guardian and the juvenile court’s issuance of a removal order). By medical screening we mean a minimally-invasive initial medical, dental, and mental health screening.*

ISSUE	CURRENT	FUTURE
Who receives a screening prior to placement at a Hub?	<ul style="list-style-type: none"> Children detained after business hours and during weekends and holidays await placement at the Child Welcome Center (CWC)/Youth Welcome Center (YWC). 	<ul style="list-style-type: none"> All children entering placement.
Reimbursement	<ul style="list-style-type: none"> Fee for Service Medi-Cal 	<ul style="list-style-type: none"> Fee for Service Medi-Cal Ensure other billable Payor source(s)
Space/Capacity	<ul style="list-style-type: none"> LAC+USC Medical Hub (the Welcome Centers are adjacent to this Hub). 	<ul style="list-style-type: none"> All Medical Hubs, although some Medical Hubs lack space (i.e., Olive View and Harbor-UCLA).
Staffing	<ul style="list-style-type: none"> For the CWC, DCFS funded four additional staff: 1 NP, 2 nurses, 1 Patient Resource Worker (financial screening and registration). Reviewing needs for YWC; DHS is currently absorbing costs. 	<ul style="list-style-type: none"> Determine staffing needs, review workload, and develop MOUs to define roles of nurses, CSWs, physicians, and support staff.
Services	<ul style="list-style-type: none"> Minimally-invasive initial screening* 	<ul style="list-style-type: none"> Minimally-invasive initial screening*
Support/Infrastructure	<ul style="list-style-type: none"> CSW and/or CWC/YWC staff walk child to hub and back to Welcome Center. E-mHub: DCFS PHN can view selected screens. 	<ul style="list-style-type: none"> Identify transportation and staff needed to take children to Hubs. Develop e-mHub refinements, as necessary for information sharing.

*The screening may include: a review of available health and developmental history, a standard review of systems, a measurement of the child’s height, weight, taking of vitals, a physical examination of the clothed child by a physician or nurse to identify signs of acute and chronic illness, the completion of a standard screening tool to assess the child’s developmental and mental health needs.

3 – Ongoing Care at Medical Hubs

DCFS has the authority to coordinate the medical care of a minor only when the minor has been taken into protective custody (out-of-home). Therefore, children in out-of-home placement (relative and licensed foster care) could receive ongoing medical care at a Medical Hub. The medical home team could provide these children ongoing, coordinated health services.

ISSUE	CURRENT	FUTURE
Who receives ongoing medical care at a Hub?	<ul style="list-style-type: none"> Care for children in foster care with identified or complex medical needs. Serves as a “medical home” for these children, coordinating their health care. 	<ul style="list-style-type: none"> All children in foster care would receive care at a medical home (Hub).
Reimbursement	<ul style="list-style-type: none"> Medi-Cal Fee for Service or Caregiver can switch to LACare or Health Net and select a DHS clinic. 	<ul style="list-style-type: none"> Medi-Cal Fee for Service or Caregiver can switch to LACare or Health Net and select a DHS clinic.
Space/Capacity	<ul style="list-style-type: none"> Three Hubs: High Desert, MLK, and LAC-USC offer ongoing care to foster children. Each has capacity. 	<ul style="list-style-type: none"> Determine whether other Hubs have capacity. Develop plan to address lack of space at Olive View and Harbor-UCLA.
Staffing	<ul style="list-style-type: none"> Example: MLK has space and providers for ongoing care visits. Last year, providers cared for 700 foster children, with an avg. of 2.6 visits/year. 	<ul style="list-style-type: none"> Determine additional staffing needs at each Medical Hub.
Services	<ul style="list-style-type: none"> Primary medical care, linked to specialty providers, mental health care. 	<ul style="list-style-type: none"> Primary medical care, linked to specialty providers, mental health care.
Support/Infrastructure	<ul style="list-style-type: none"> Wait times for well child checkups are timely, however, initial med exam within 30 days is more difficult to schedule. E-mHub is used by DHS and DCFS PHNs can view specific screens. 	<ul style="list-style-type: none"> Meet transportation needs of caregivers Improve appointment scheduling/diminish wait times. Develop e-mHub refinements, as necessary for information sharing.

Next Steps for Work Group

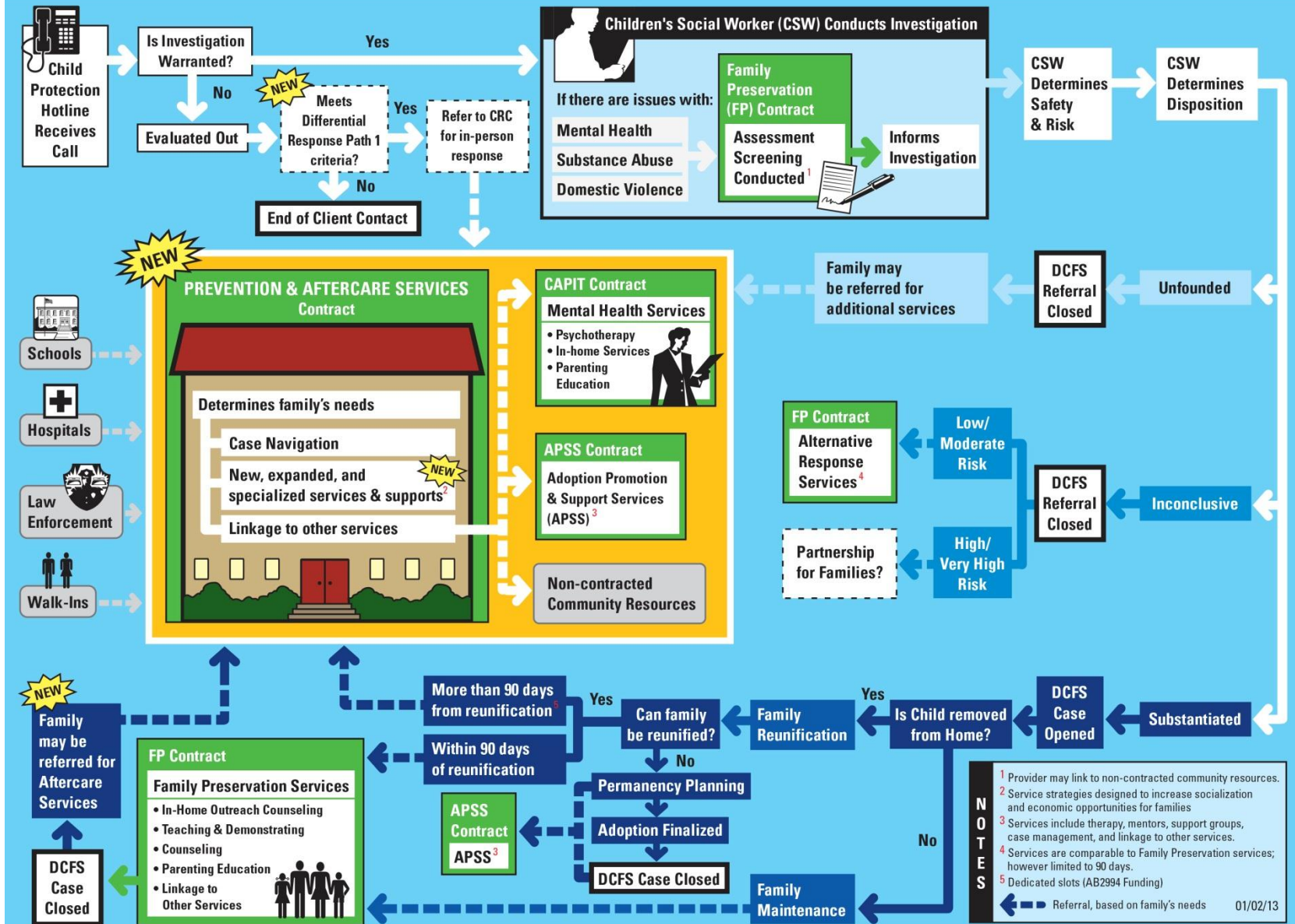
Next Steps for Work Group

- It has become increasingly clear that in order to **develop a comprehensive service delivery model and avoid duplication of efforts**, the Public Health Nurse (PHN) and Medical Hub Work Groups **need to work in collaboration**. Therefore, the Work Groups will merge into one.
- It is imperative that everyone understands the intricacies of the service delivery model for DCFS. Therefore, at our **first combined meeting**, we will provide **an overview of the current DCFS service delivery model** from the time a Child Protection Hotline call is received until a case is disposed and services are delivered.

*The pictorial on the next page illustrates the **DCFS service delivery continuum**.*

Review of Child Protection System

SAFE CHILDREN & STRONG FAMILIES SERVICE DELIVERY CONTINUUM



Agenda for Next Meeting

- Establish a **Project Plan** to clarify overall goals and track completion of objectives.
- Review the existing DCFS service delivery model.
- Conduct an **assessment of each Medical Hub** using a standardized assessment tool.