

# Our Kids Experience: The Use of Technology to Ensure Children Get the Services They Need

Presented to Gabriel Myers Task Force

July 24, 2009

Tampa, Florida



# Overview of Evidence-based Practices for Youth in Connecticut

- The purpose of the Connecticut Center for Effective Practice (CCEP) is to enhance Connecticut's capacity to improve the effectiveness of treatment provided to **all children** with **serious and complex emotional, behavioral and addictive disorders** through development, training, dissemination, evaluation and expansion of effective models of practice.

Robert P. Franks, Ph.D., Director

Connecticut Center for Effective Practice (CCEP)

Child Health & Development Institute

## **Four Overarching Strategic Goals of CCEP**

- Identification, adoption, and implementation of evidence-based and best practices
- Research, evaluation and quality assurance of new and existing services
- Education and raising public awareness about evidence-based and best practices
- Development of infrastructure, systems and mechanisms for implementation and sustainability

# Rationale for Using Evidence-based Practices

- Systematic clinical intervention programs that are
  - integrative in nature (practice, research, theory)
  - And use systematic clinical protocols "clinical maps"
    - Manual driven
    - Model congruent assessment procedures
    - Focus on adherence and treatment fidelity
- Models that have strong science/research support
- Clinically responsive and individualized
  - to unique "outcome" needs of the client/family
  - to the unique "process" needs of the family
- Are able to guide practice with high expectation of success
  - with specific client problems
  - within specific community settings

# Biases against Evidence-based Practices

- “They are too rigid and cookbook”
- “Doesn’t apply to real world kids with real world, multi-problem histories”
- “Developed in some lab”
- “Overly simplistic”
- “Too difficult to implement in community setting”
- “Just a band-aid and doesn’t address underlying issues and concerns”
- “Another passing fad”
- “My training and expertise are not valued”

# Multidimensional Treatment Foster Care (MTFC)

- **Program Overview:**
  - The goal of the MTFC program is to decrease problem behavior and to increase developmentally appropriate normative and pro-social behavior in children and adolescents who are in need of out-of-home placement. Youth come to MTFC via referrals from the juvenile justice, foster care, and mental health systems.
- **MTFC treatment goals are accomplished by providing:**
  - Close supervision; fair and consistent limits ; predictable consequences for rule breaking; a supportive relationship with at least one mentoring adult; and reduced exposure to peers with similar problems.
- **The intervention is multifaceted and occurs in multiple settings. The intervention components include:**
  - Behavioral parent training and support for MTFC foster parents; family therapy for biological parents (or other aftercare resources); skills training for youth; supportive therapy for youth; school-based behavioral interventions and academic support; and psychiatric consultation and medication management, when needed.

# Example

Connecticut Center for Effective Practice (CCEP)

<u>Evidence-based Practice</u>	<u># of Teams</u>	<u># Children &amp; Adolescents Served Annually</u>
<u>MST</u>	10 (DCF) 15 (CSSD)	319 (DCF) 625 (CSSD)
<u>MST Specialty Teams</u> MST- Problem Sexual Behavior MST-Building Stronger Families	1 (DCF) 2 (DCF)	16 (DCF) 15 (DCF)
<u>MDFT</u>	9 (DCF)	270 (DCF)
<u>MDFT Specialty Team</u> MDFT + Parental Substance Abuse	5 (DCF)	125 (DCF)
<u>FFT</u>	4 (DCF)	350 (DCF)
<u>BSFT</u>	180 slots (CSSD)	450 (CSSD)
<u>MTFC</u>	3 (DCF)	30 (DCF)
<u>IICAPS</u>	14 (DCF) 5 (CSSD)	598 (DCF) 90 (CSSD)
Totals by Agency <u>DCF</u> <u>CSSD</u>		1723 (DCF) 1135 (CSSD)
Total by State		2858 total

# Lessons Learned

- Must invest in Quality Assurance and Quality Improvement of services
- Must build capacity, invest in ongoing training of workforce, and provide ongoing technical assistance to providers
- Fidelity to treatment models is key to successful outcomes
- Outcomes data should be shared with parents and stakeholders



# Future Steps

- Just Limiting Psychotropics Won't Solve the Problem
- We Can Prevent Mental Health Problems
- Children's' Mental Health Services Need to Be Evidence Based – Connecticut Experience

## Foster Parents Our Secret Weapon

### Parent Management Training

- Evidenced Based For Oppositional Behavior, Conduct Disorder
- May Help with ADHD

- Increases Parent Satisfaction
- Decreased Placements in Oregon Study

- Not Just Parenting Classes
- Rigorous Model – Manual, Quality Assurance, Outcomes
- Develop Pilot Program -- Combination of Classes, Computer Support, Telephonic Reinforcement

# The Our Kids IT Systems

How is technology helping to keep kids safe?

# An example of ASK



Case No.: 2008  
 Case Name: DAVID J. [REDACTED]  
 Case Status: opened  
 Case Type: Out-of-Home - Court Ordered  
 Unit: 118801-DADE-KIDS HOPE UNITED (#002)

Search

Reset Filters

Agency/ Intake	Legal	Education/ VOC/IL	Correspondence/ Phone	Parent/ Caregiver	Financial	Confidential	Case Management	Staffing/ Reviews	Residential	Medical	Mental Health Services	Pre-OurKids	Family Finders
Court Orders		< Select All or a Document Type >						From:					
Request Document Update								To:					
Sub Section		Document Type		Child Name		Pages		Document Date					
Court Orders		Order to Administer Psychotropic Medication				10		04/09/2009					
Court Orders		Travel Order				1		04/09/2009					
Court Orders		Motion to Administer Psychotropic Medication				12		04/01/2009					
Court Orders		Notice of Filing and Delinquency Notification				7		02/18/2009					
Court Orders		Order to Administer Psychotropic Medication				13		12/31/2008					
Court Orders		Order to Administer Psychotropic Medication				2		07/21/2008					
Court Orders		Psychotropic Medication Legal Request				11		07/11/2008					
Court Orders		Travel Order				1		04/09/2008					
Court Orders		Motion to Administer Psychotropic Medication				12		01/31/2008					
Court Orders		Order to Administer Psychotropic Medication				4		01/31/2008					
Court Orders		Order to Take Child into Custody (Pick Up Order)				2		10/30/2007					
Court Orders		Order on Modification of Custody/Placement				8		08/23/2007					

# The DCF system: FSFN

Can you  
tell  
where  
the child  
lives?

**Search Criteria**

Last Name:  First Name:  Middle Name:  Person ID:  1  0

ID:  Age Range Begin:  Age Range End:


DOB Range Begin:  DOB Range End:  DOB:


Search Precision:


Additional Search  Low High


Record 1 to 1 of 1


**Persons Returned**


 N    Fort Lauderdale Female, 03/15/1994, African American/Black


 Basic Person Information


 Address Information


 Primary Residence 12/30/2008  
C/O: , 760 W Evanston CIR Fort Lauderdale FL 333122615, (954)583-8207


 Primary Residence 10/22/2008 10/22/2008  
C/O: , 222 NW 22ND AVE ,Fort Lauderdale FL 333118636,


 Primary Residence 09/02/2007 05/09/2008  
C/O  1228 ne 5th ave Fort Lauderdale FL 33304,


 Primary Residence 10/22/2008 12/30/2008  
C/O: , 19800 SW 110TH COURT Apt.#, Cutler Bay FL 33157,


 Primary Residence 08/20/2008 09/19/2008  
C/O: , 9109 SW 72nd AVE ,Miami FL 331561628, (305)790-5165


 Primary Residence 11/09/2006 09/02/2007  
8260 NW 1ST PL Apt.#B, Miami FL 331503032,


 Primary Residence 06/02/2008 08/20/2008  
C/O: , 8260 NW 1st PL ,Miami FL 331503032, (305)428-0851


 Primary Residence 05/12/2008 06/02/2008  
C/O: , 8260 NW 1st PL ,Miami FL 331503032, (305)428-0851


 Primary Residence 09/19/2008 10/22/2008  
C/O: BROOKWOOD EAST 11461 NW 43RD ST ,Coral Springs FL 330657180,


 Primary Residence 05/09/2008 05/12/2008  
C/O: , 20000 NW 47 AVE ,Miami FL 33056,


 Demographic Information

 Related People

 Intakes

 Investigation

 Special Conditions Referral

 Cases

# All-in-one profile page in the Mindshare dashboard

## DAN

Sex: Male      Open Date: 01/08/2009      Race: BLACK      [Show Picture]      Picture Date: 01/14/2009  
 DOB: 09/11/1998      SS#: 590  
 Child ID:  
 Case ID: F: 2067 (H: 9999329)  
 Case (Mom) Name: ANGELA  
 [All] Local Worker: ? BOYD, ANGELA (Primary)  
 Local Unit: 118801-DADE-KIDS HOPE UNITED (#002)  
 Medicalid#: 7733365  
 Primary Goal: [H] Reunification - Parent  
 Finger Prints: YES      Birth Verification YES (01/15/2009)      (01/16/2009)

Case Notes			View All Notes
Created	Updated	Note	
07/17/2009	07/17/2009	Reviews - Supervisory	
07/08/2009	07/08/2009	Visitation - Sibling	
07/02/2009	07/02/2009	Home Visit - Child's Current Residence	
06/30/2009	06/30/2009	Telephone Contact	
06/30/2009	06/30/2009	Telephone Contact	

### Visitation

Last Visit: 07/02/2009      Visit Required By: 08/01/2009  
 Days Late: N/A  
 Filter: N/A

### Child Related Documents

View Documents

### Living Arrangement

[H] Living with One Parent  
 Beginning On: 05/29/2009  
 Address: 4175 W  
 H, FL 330125874  
 Miami-Dade  
 Phone:  
 Mobile:

Only one address

### School Info

School:  
 Principal:  
 Attendance ☐ ☐  
 UnExcused:  
 Excused:  
 Tardy:  
 Suspended: ☐

### Legal

Legal Status: [H] Shelter - Court Involvement  
 Beginning On: 01/09/2009  
 TPR Date (Mom): N/A  
 TPR Date (Dad): N/A  
 Removal Date: N/A

### Siblings In Case

? Quanequa (10/26/1996)  
 ?  
 ? MICHAEL (06/09/2004)  
 ? MICHAEL (06/09/2004)

12 Month Snap Shot





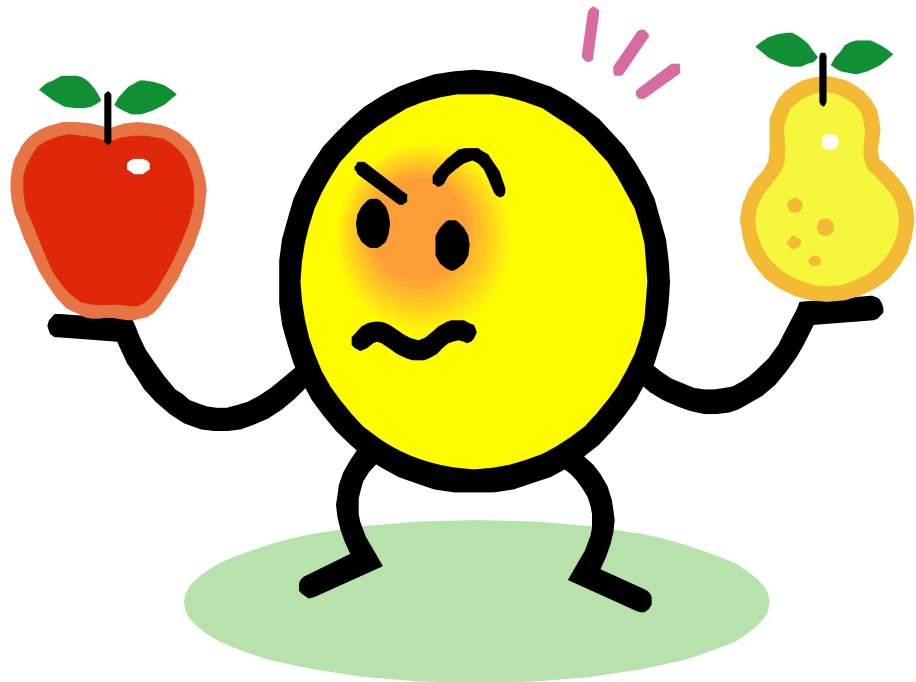
# Tracking psychotropic prescriptions in Mindshare

AGENCY NAME	TOTAL KIDS	TOTAL KIDS ON PSYCHOTROPIC DRUG	TOTAL CURRENT PSYCHOTROPIC PRESCRIPTIONS	TOTAL NUMBER OF ALL CURRENT PRESCRIPTIONS	UNDER 5 ON PSYCHOTROPIC DRUG	PERCENT ON PSYCHOTROPIC DRUG	NO COURT ORDER AND NO CONSENT	PERCENT NON CONSENT
<a href="#">118WHS-MONROE-WESLEY</a>	180	25	39	58	3	13.88%	0	0%
<a href="#">118CHS-DADE-CHS</a>	318	39	61	78	0	12.26%	13	21.31%
<a href="#">118KHU-DADE-KHU</a>	435	61	97	124	0	14.02%	25	25.77%
<a href="#">118FRC-DADE-FAMILY</a>	411	27	50	67	0	6.56%	0	0%
<a href="#">118NTF-DADE-NTF-CENTRAL</a>	0	0	0	0	0	0%	0	0%
<a href="#">118CHE-DADE-CHARLEE</a>	561	91	165	180	0	16.22%	8	4.84%
<a href="#">118NTF-DADE-NTF-NORTH</a>	0	0	0	0	0	0%	0	0%
<a href="#">118CFCE-DADE-CFCE</a>	506	75	125	162	0	14.82%	4	3.2%
<a href="#">118HHCH-DADE-HHCH</a>	146	20	28	68	0	13.69%	0	0%
<b>11OKI TOTAL</b>	<b>2557</b>	<b>338</b>	<b>565</b>	<b>737</b>	<b>3</b>	<b>13.21%</b>	<b>50</b>	<b>8.84%</b>

Report Date: July 16, 2009, 2:24 pm

## **Suppose we could compare our entries with records of prescriptions filled?**

Using an extract from the Agency for Health Care Administration (ACHA) of prescribed psychotropic drugs that the DCF CIO obtained last month, we compared the records for ten children on psychotropic drugs. Nine out of 10 matched. One did not.



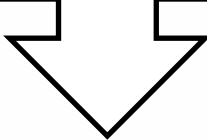
# Active Medications Report in Mindshare

## Active Medications and Medical Report

Report Date: July 17, 2009, 12:31 pm

PINK	ACTIVE PSYCHOTROPIC PRESCRIPTION
YELLOW	NO CONSENT
LIGHT BLUE	ALTERNATING CHILD
LIGHT GRAY	ALTERNATING CHILD

Note dates and  
medicines  
prescribed



[Psychotropic Prescriptions by A](#)

118KHU-DADE-KHU (118801)														
WORKER NAME	CASE NAME	DEPN NAME	DEPN DOB	DEPN AGE	NAME OF PRACTICE	NAME OF MEDICINE	PHYSCHOTROPIC IN NATURE	DATE PRESCRIBED	DATE STOPPED	PRESC. REFILLS	PRESCRIBED DOSAGE	PARENTAL CONSENT	DATE OF CONSENT	COURT ORDER
Angela Boyd	Al JGE		09/11/1998	10	Dr. Maria Gorelick	Abilify	Y	12/07/2004	05/15/2009	2	10mg	Y	12/07/2004	
					Dr. Maria Gorelick	Adderall	Y	12/07/2004	05/15/2009	2	20mg	Y	12/07/2009	
					Dr. Ohms	Abilify	Y	05/15/2009		1	10-30 mg	Y	05/15/2009	
					Dr. Ohms	Adderall	Y	05/15/2009		1	5-30 mg	Y	05/15/2009	
Angela Boyd	E H.	I I	03/11/1994	15	Thomas Hunter	Lithium	Y	05/05/2005		1	Lithium 300 mg - 3000 mg per day adjusted by blood level, response, and tolerance	N		05/05/20
					Dr. Bregman	Seroquel	Y	12/22/2004		0	150 - 800 mg per day	N		12/22/20
Angela Boyd	R/ D/ IEZ	I	10/06/1991	17	DR MIGUEL PEREZ	Abilify	Y	07/07/2004		0	10mg 2/day	N		
					DR MIGUEL PEREZ	Zoloft	Y	07/07/2005		0	50mg one a day	N		
Angela Boyd	Y F.	JN	11/06/1993	15	DR BARNETT (CHI)	Concerta	Y	09/24/2004	06/01/2008	0	.54mg	N		09/24/20
					DR BARNETT (CHI)	Risperdal	Y	09/24/2004	06/01/2008	0	1 mg	N		09/24/20

# ACHA data from one-time extract

Same child, note  
medicines prescribed

2067449	FLUOXETINE HCL 10 MG CAPSULE	4/21/2009	FSFN shows Abilify and Adderall
2067449	FLUOXETINE HCL 20 MG CAPSULE	4/14/2009	FSFN shows Abilify and Adderall
2067449	AMPHETAMINE SALTS 10 MG TAB	4/21/2009	FSFN shows Abilify and Adderall
2067449	FLUOXETINE HCL 20 MG CAPSULE	3/5/2009	FSFN shows Abilify and Adderall
2067449	FLUOXETINE HCL 20 MG CAPSULE	5/10/2009	FSFN shows Abilify and Adderall
2067449	FLUOXETINE HCL 20 MG TABLET	3/30/2009	FSFN shows Abilify and Adderall
2067449	ADDERALL XR 25 MG CAPSULE	6/1/2009	OK -- FSFN Shows 5-30 mg prescribed 5/15
2067449	ABILIFY 10 MG TABLET	3/5/2009	OK -- FSFN Shows 10-30 mg prescribed 5/15
2067449	ABILIFY 10 MG TABLET	5/10/2009	OK -- FSFN Shows 10-30 mg prescribed 5/15
2067449	ABILIFY 15 MG TABLET	3/30/2009	OK -- FSFN Shows 10-30 mg prescribed 5/15
2067449	VYVANSE 60 MG CAPSULE	3/16/2009	FSFN shows Abilify and Adderall

# What is missing?

**Suppose we could combine all the relevant medical data into a one page medical passport?**



# What is a Medical Passport?

- Computerized
- Web Based
- Follows the child in and out of care
- Can be entered and accessed by health providers, case managers, foster parents, judges under HIPPA compliant confidential protocols

# Personal Health Record (Medical Passport)

- Provides essential medical information to provider such as hospitalizations, previous visits, medications, allergies
- Case management tool – sends alerts to case managers regarding missed appointments, new medications
- Quality assurance for Our Kids – an oversight to the agencies – what caseworkers are not having their children seen, who is utilizing more medical services, emergency room etc.

# Why automate a Medical Passport?

- Foster children move at least twice a year resulting in:
  - Multiple providers
  - Work ups started and restarted
  - Duplication of services, multiple visits, incomplete treatment plans
  - When children are moved, medical info often lost and medications are not given to new foster parent/relative/adoptive home
- Most children have at least one chronic medical problem – 25% have three or more :
  - Height/weight - 20%-40%
  - Neurological - 30%
  - Developmental - 40%-60%
  - Asthma - 10%-15%

\*Numbers approximate based on numerous published studies



# Technology can help

- State of Texas has created a dashboard\* of information to enable caregivers to:
  - Access demographic data from the SACWIS system
  - Access Medicaid information
  - Access immunization records
  - Access current claim records of physicians, therapists and laboratories
- The Our Kids Mindshare dashboard can be expanded to
  - include medical information
  - Prevent access except on a “need-to-know” basis
- Medical passport portal can be created using off-the-shelf software

\* Superior Health Network, Health Passport System

# Overview - Facesheet

**DUCK, HEWEY R** 12Y 10M M ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

**Overview**

Overview Facesheet Recent Activity

**The context banner will display at the top of a patient's chart to provide you with general information about the patient – similar to a tab on patient's paper chart.**

1234 W DISNEY AVE  
ORLANDO, TX 90210-1111  
(314) 555-1234  
alt: (314) 555-6789

Member #: TX0010426/101(HP ID- for SUPERIOR use), 515720598(Medicaid ID)

DFPS Id: 26434518(DFPS ID)

Age: 12Y 10M  
Gender: Male  
DOB: 3/17/1995  
Language: N/A

Primary Care Physician  
PATEL, ATULKUMAR R  
2019 S HENDERSON STE 2  
KILGORE, TX 75662  
(903) 984-2002

**To print a one year history of the patient's chart, click the Print icon printer icon in the context banner.**

**Click the Print hyperlink to print individual modules in the chart.**

**Allergies** Add Allergy...

SUBSTANCE	REACTION	STATUS	TYPE
amoxicillin(*)	Confusion	Active	Allergy
bee pollen	Shortness of breath	Active	Allergy
A clonidine	Confusion	Active	Allergy
lavender(*)	Rash	Active	Allergy
Lipitor	Nausea	Active	Allergy
fentanyl topical		Active	Allergy
measles virus vaccine	Difficulty swallowing	Active	Allergy
Ibuprofen		Active	Allergy
Oil of Olay	Rash	Active	Allergy
Peanuts(*)	Hives	Active	Allergy
Tucks HC	Lethargy	Active	Allergy
Bee Stings(*)	Abdominal pain	Resolved	Allergy
penicillin(*)	Asthma	Canceled	Allergy

**A module from the Main Menu to view patient information.**

**The Overview Module:** Provides a snapshot view of recent encounters from the clinical information modules on the Navigation Menu. The Facesheet tab displays a patient's brief demographic information, allergies, and immunizations. To view more historical information on these categories click on the hyperlink to be taken to the corresponding module. Member demographic and contact information is updated daily.



## Medications

Formulary: No formulary found

Med Claims

The **A** denotes that there is a potential for an allergic reaction to take place while the patient is taking this medication. More information can be found by clicking on this icon.

[Print](#)

**SOURCE**

**Click on a medication's hyperlink to receive more information on a medication claim.**

The **!!!**, **!!**, **!** drug safety icons display to the left of a medication. If you position your cursor over the icon, a message displays the drug or drugs that cause that alert. Drug-drug and drug-food interaction checking is divided into these three levels of severity.

!!! Major Potential Hazard

!! Moderate Potential Hazard

! Minor Potential Hazard



**The Medications Module: Displays prescriptions that have been filled and picked up at the pharmacy. This information is populated by First Health pharmacy claims that are both paid and denied. This information is updated on a daily basis.**

[Home](#)
[Search](#)
[Day List](#)

Example User, [Texas Health Passport](#)

**DUCK, HEWEY R 12Y 9M M**
ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE]
PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

▼ MENU

[Overview](#)

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[Medications](#)

[Visits](#)

[Immunizations](#)

[Forms](#)

[Vital Signs](#)

[Lab Results](#)

[Disclaimer](#)

Medications

Formulary: No formulary found

Med Claims

Medication Claims > Claim Details

**Adderall XR 30 mg oral capsule, extended release**

Dispense # 90.000 , Refill #: Initial fill

Pharmacy [OLE PHCY #502](#)  
Filled: 6/21/2007

Other Managed By: [SCHACK, RICARDO C](#)  
Source: First Health

Reference Information

[Dosage](#) | [Pharmacology](#) | [Warnings](#) | [Side Effects](#) | [Pregnancy](#) | [Lactation](#)

[Patient Leaflet](#)

Medication Claims for amphetamine-dextroamphetamine  
(Last 1 year)

[Adderall XR 30 mg oral capsule, extended release](#)  
[Adderall XR 30 mg oral capsule, extended release](#)

SOURCE

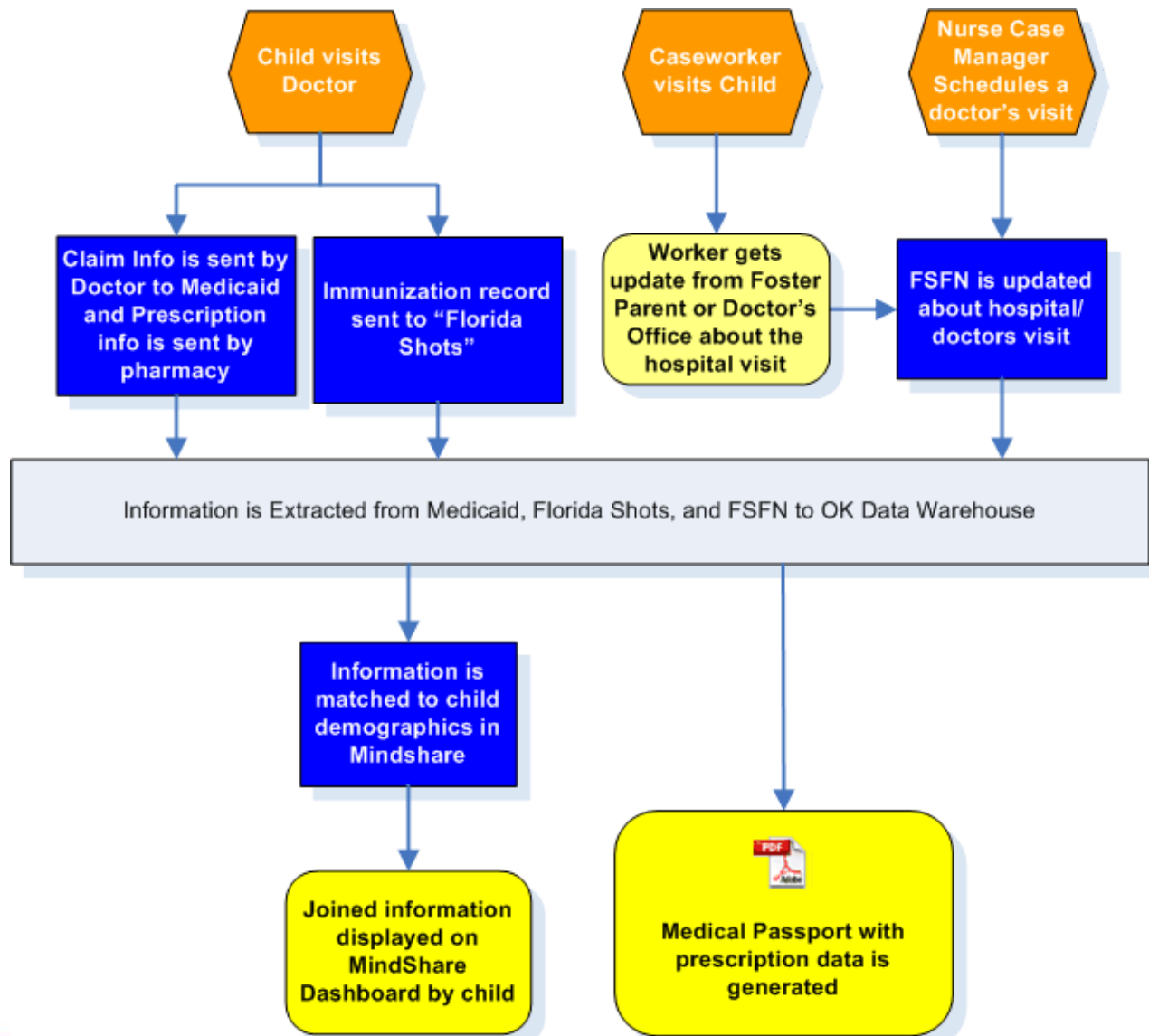
First Health  
First Health

To view reference information about a medication, choose a relevant link in the Reference Information section such as Dosage, Pharmacology, Warnings, Side Effects, Pregnancy, or Lactation. You can also choose Patient Leaflet to display detailed information provided by the manufacturer.

At the bottom of the Medication Details a history of fills for the medication is displayed in reverse chronological order – showing the most recent fill first.

**The Medications Module:** Displays prescriptions that have been filled and picked up at the pharmacy. This information is populated by First Health pharmacy claims that are both paid and denied.

# Proposed Process for Medical Passport



# Wish list and action items

1. Exchange of information with AHCA (Florida Agency for Healthcare Administration)
2. Exchange of information with “Florida Shots” database
3. Cultural change – how fast will current staff adapt to using new tools
4. No regulatory or legislative restrictions to data sharing as long as appropriate security controls in place
5. Pilot Parent Management Training Program that could rapidly be disseminated state-wide
6. Investigate Other State Mental Health Systems, particularly Connecticut

# Questions?