Person-centered, Integrated Care Coordination

When a child or youth enters the foster care system, many individuals work to ensure their safety and well-being. Although everyone tries to have their best interests in mind, too often competing agendas and lack of communication get in the way of quality care. One way to ensure a child or youth gets the care they need in a timely manner is by implementing a trauma-informed, person-centered, integrated care coordination team.

What Trauma-informed Person-centered, Integrated Care Coordination Looks Like

Children and youth in foster care have usually endured adverse childhood events (ACEs) – events of abuse, neglect or household instability. ACEs can have both immediate and long-term effects on a child's health and well-being. Care team members need to understand trauma and its impacts, then offer appropriate support and care.

Person-centered, Family-directed

At the heart of what the care team does is recognizing what the child or youth, family and system of care need *and* prefer. Who is involved in a child or youth in foster care's family and system of care? Typically, the child or youth in foster care's family and system of care supports could look like this:

- **The child's or youth's foster family.** This includes the foster parents, siblings and any other relevant family members.
- **The child's or youth's biological family or guardian.** The biological parents or family may still have certain legal rights and remain important in the child's heart and mind.
- **The foster care worker and agency.** Usually, the foster care worker and agency provide the strongest voice of advocacy for the child or youth. They help them navigate the system, ensure they receive appropriate care and services and provide information to the child's or youth's biological parent or guardian. A CASA (Court-Appointed Special Advocate) worker may also have long-standing relationship with the foster child or youth.
- **The child's or youth's other possible system of care supports.** The child or youth in foster care may also identify people as family who may not have any legal ties but are otherwise important to them. These individuals can include people at their school, house of worship or other community members.

Integration

A child or youth in foster care needs robust, comprehensive care in a unified care system. An integrated system has:

- One clear care plan that everyone uses.
- A clear understanding of what everyone does to further support the care plan and the child or youth.
- Consistent communication with everyone on the care team: caseworkers, foster parents, biological family, primary care staff, social support staff, juvenile justice and the school.

The school system is often left out of care coordination, but school is where the child spends a large amount of their time. According to federal law, the child welfare agency and the local school district or charter school must collaborate to ensure the child's or youth's educational stability. This includes where they will be going to school and transportation. For special education evaluations, the biological or adoptive parents must be a part of the decision-making process. It's best practice to gain input from the student and family for all planning.

Care Coordination

A care coordinator helps navigate, facilitate and support the child or youth and family through this process. While they will not be doing all the work of holding the child's safety net together, they make sure it happens. The care coordinator speaks the language of the various systems the child or youth in foster care may be involved with such as their school, foster care agency, juvenile justice, primary care, mental health care, etc.

The coordinated care team must ensure that the child or youth and family are directing the care plan and working with the entire team on implementation. They help connect the child or youth to things they need, make sure they make their appointments, actively work to remove seen and unseen barriers to care, follow up on the care they receive and support their care goals.

Data points such as when a child or youth is seen by primary care, emergency room visits, psychiatric hospitalization and diagnostic information can be hard for a care team to access. The managed care organization or health plan providers can facilitate care coordination by providing data to the care team.

What You Can Do

Here are three main points to keep in mind as you create a person-centered, integrated care coordination team.

1. The child or youth in foster care and identified family need to know every individual on their care team. Each role needs to be clearly identified.
2. Everyone on the child's or youth's care team must be on the same page and act consistently with the care plan. With appointments, everyone knows when they happen and what happens at each appointment.
3. The child or youth in foster care needs to have consistent, preventive care – medical, dental, vision and mental health. This is especially important if the child or youth is taking psychotropic medications because the side effects can negatively affect their physical health.

Resources

Adverse Childhood Experiences (ACEs). (2019). Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

Care Coordinator Position Training Manual. (2019). Retrieved from https://mthcf.org/wp-content/uploads/2019/12/Meadowlark_Care-Coordinator_Digital.pdf

Family-centered Care. Retrieved from https://brightfutures.aap.org/families/Pages/default.aspx

What is Integrated Care? / SAMHSA-HRSA. Retrieved from https://www.integration.samhsa.gov/about-us/what-is-integrated-care