Florida Visitation Centers Conference Call - 9/26/12

Hosted by Karen Oehme, JD, Director Institute for Family Violence Studies

Medical Foster Care Introduction

Katrina Ward, MS & Deborah Holmes, RN, Medical Foster Care Statewide Consultants

Thank you for inviting us on your conference call and taking the time to learn a little more about the Medical Foster Care Program.

A little History: In 1989, Florida received federal funding as the result of OBRA '89, (Omnibus Reconciliation Act of 1989) which was enacted, in part, to assist the states in meeting the needs of children with long-term chronic medical conditions. Medicaid, DCF & Children's Medical Services under the old HRS, collaborated to meet the needs of chronically ill children in out-of-home care in Florida through the development of the MFC Program. We conducted a study during the five-year pilot phase of the MFC Program and were able to show the legislature that not only did the children's medical conditions improve faster in MFC than in hospitals, nursing homes, or traditional foster homes, but that it was significantly more cost-effective than the other options. These children in traditional foster homes typically went to the ER frequently or required expensive private duty nursing. Today, our three agencies continue to work together to serve these children in their communities. Children's Medical Services, now under the Dept. of Health, provides lead oversight of the MFC Program, but it remains a completely collaborative effort between the three agencies.

There is an ever-increasing number of birth parents with medically complex and medically fragile children who can't meet the needs of these children in Florida. More of these children are surviving due to advances in health care. There's also a high number of birth parents and families who are found responsible for abuse or neglect of special needs children. Data show that these children tend to have a higher rate of abuse and neglect than healthy children. Coordinating care with several specialists and therapists and following up on different treatments, procedures and medications is time consuming and costly and can be stressful and lonely, without good training and support.

Before the MFC Program was developed in Florida, many of these children lived in hospitals, step-down hospital units, and nursing homes, or else they lived in traditional foster care with expensive private duty nursing. Chronically ill children with milder conditions often received substandard care in traditional foster care as measured by frequent emergency room visits. So, MFC is very cost effective for Florida's taxpayers. Research shows that special needs children have much better health outcomes as well as social and emotional development when they receive their medical care from a parent figure. It is very common for children in the MFC Program to exceed the expectations of their medical prognosis. MFC Parents are considered part of the MFC team and role model and train birth parents, other family caregivers, and adoptive parents how to provide quality care to the child in a home setting. Birth parents are less intimidated when this training is provided by another parent, rather than a medical professional, and most are able to learn even very complicated medical techniques. The MFC nurse validates return demonstration of their newly-acquired skills before training is considered

complete. According to the Statewide MFC Operational Plan, completion of child-specific training should be a part of the birth parent's Case Plan for these children.

New MFC parents are provided a 32-hour MFC Parent Pre-Service Training and 12 hours annually of medical and psychosocial in-service training. MFC parents receive on-going child-specific training and technical assistance from MFC staff in the care of each medically complex and medically fragile child placed in their home. Each local MFC team has a nurse, social worker, supervisor and medical director and the area medical director oversees all of these services ensure quality. We currently serves some 800 children a year and some 350 children at a time in MFC, so it's not a large program but it is a complex program because it requires collaboration and cooperation from everyone involved with the child, including visitation centers.

Medical care-giving in a family home setting has shown to improve the medical outcomes for chronically ill children when compared to multiple caregivers, such as different nurses and baby-sitters, or care outside the home. The MFC Program does not allow MFC children to attend daycare for the convenience or work hours of the MFC parents because most of them cannot be exposed to the normal childhood illnesses that daycare exposes them to without ending up in the ER.

Because of this, we ask our MFC parents to develop a relationship early-on with the birth family and we encourage them to notify the birth parents of all medical appointments and support them in learning the care of their child. Once this relationship is established, they will often invite the birth parent into their home where they role model good parenting skills and teach the specific skills necessary to care for their child. Sometimes these relationships between the birth family and the MFC family last many years and even a lifetime. When this happens, it makes for a very good transition for the child because it greatly reduces the trauma of placement disruption and caregiver changes.

We are asking all the visitation centers for your support in these goals which are aligned with the new Quality Parenting Initiative (QPI) being implemented by DCF and the Community Based Care providers. MFC has been practicing the philosophies of QPI since our inception and we share a common goal with the Visitation Centers: Successful reunification of these children with their families of origin.

Questions/Answer Period.
Plan:

1. Katrina will send Karen a listing of our local area MFC teams (names & contact #'s).
2. Karen will post this list in their October E-Newsletter. & send Katrina a listing of the Visitation Centers (names & contact #'s).
3. After the October Newsletter goes out, Katrina will ask the MFC teams to call their local Visitation Center and introduce themselves and offer assistance in our joint endeavor.
4. Karen will invite Katrina to future conference calls as needed.