



CRISP

Use Case: Health Care Encounters for Foster Youth in Baltimore City's MATCH Program

Overview

The Department of Human Services (DHS) helps ensure that youth in foster care have access to healthcare services that meet the youth's needs. Foster youth are at increased risk for fragmented medical and behavioral care coordination for many reasons including gaps in communication with foster care case workers, biologic families, foster families, and healthcare staff.

"All Maryland counties and Baltimore City operate foster care programs. Foster care case workers work with the birth and foster families to develop the most appropriate permanency plan for each child. The foster care caseworker assists the birth and foster families in obtaining the services, such as counseling and health care needed to meet the goals of the permanency plan."¹

Each jurisdiction has local Departments of Social Services (DSS). Children placed in out of home placement by the courts are committed to the local DSS's custody. The Baltimore City DSS and DHS, as part of a Consent Decree (approved 1988, modified 1991 and 2009) developed the "Making all the Children Healthy" or the "MATCH" Program. The MATCH program is responsible for the healthcare coordination of children in out of home placement, including all areas of somatic health, behavioral, dental and vision care. MATCH Program staff include registered nurses, licensed social workers and other healthcare professionals.

Currently the MATCH program staff rely on the foster youth, foster family, biological family, or hospital staff to notify them when a youth in out of home placement has an emergency room encounter or is admitted to the hospital. Case workers then follow-up and work with these youth, foster families, and their healthcare teams to facilitate discharge. If the youth's medical or behavioral health needs have changed, they help ensure care plans are updated and those needs are being met outside of that clinical encounter.

To enhance timely care coordination and discharge planning Baltimore City MATCH staff will receive notifications of emergency department and/or inpatient admissions and discharges for youth they care for in out of home placement. This data would allow MATCH staff to respond more efficiently to hospital encounters, identify providers, and coordinate care to ensure efficient care of the child. Access to this data will also allow the MATCH Program to monitor emergency department and inpatient utilization trends for youth in the MATCH Program and to develop proactive strategies to enhance the health and wellbeing of children in foster care over time. This use case does not allow access to clinical or encounter information through the portal.

Permitted Purpose Category

For a Public Purpose, as permitted or required by Applicable Law and consistent with the mission of the HIE to advance the health and wellness of patients in the CRISP service area (Permitted Purpose #2).

The Department of Human Services, in consultation with the Baltimore City DSS provided a signed legal opinion stating that HCAM/MATCH, acting as an agent of the Baltimore DSS, is legally allowed to access these data for a Child in Need of Assistance (CINA). "CINA" is a child requiring court intervention because the child has been abused or neglected, or has a developmental disability or mental disorder, and whose parents or custodian cannot or will not give proper care and attention to the child and the child's needs.

This opinion and the legal analysis and justification provided indicates that this data use would be considered a Public Purpose.



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Use Case Description

The Baltimore City DSS or their agent will submit a patient panel to CRISP with all youth in out of home placement. MATCH Program staff will have access to inpatient (IP) and emergency department (ED) admission and discharge notifications through a regular, secure transmission of a file. The file will contain minimum necessary information needed to notify MATCH staff that a foster youth in out of home placement has been admitted to and/or discharged from the emergency department or inpatient setting.

The notifications will include the patient’s basic demographics and encounter details including time and location of encounter. The diagnosis, reason for visit, and/or other clinical data should not be included. Case workers will not have access to other CRISP tools or other patient protected health information related to this use case.

Opt-Out Applicability

Any patient that opts out of CRISP will be opted out from the ability for case workers to receive alerts for their emergency department or inpatient encounters.

Eligible Participants

Baltimore City DSS MATCH program and/or their agents’ staff will be able to access the encounter information.

Patient Impact Statement

Any child in out of home placement that is in the custody of the Baltimore City DSS will have his/her/their encounters with the inpatient or emergency department shared with the MATCH Program care coordinators, unless the youth is opted out of CRISP. Information about such care is already provided to care coordinators, but often has a large lag-time, such that care coordination is difficult. Notification of these encounters eases the burden on the foster youth, foster family, and/or hospital staff in notifying the case worker of the encounter. This may allow MATCH Program staff to more rapidly coordinate the care and discharge planning for these youth.

It is within reasonable expectation that MATCH Program staff would know about an emergency department or inpatient encounter that changes the condition of that patient and may impact their placement or medical/behavioral care plan, since the staff has the legal authority to receive such data. A youth may expect the care coordinator to help facilitate discharge as soon as medically cleared and help facilitate any changes to their medical or behavioral health care plan. It may be beyond a reasonable expectation that MATCH Program staff would know about hospital encounters for sensitive behavioral and health concerns that would not impact placement or care plans – though social services already has the legal authority to receive such data. This may influence a youth’s decision to seek care.

Approval

Signed by:

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Chairperson

9/13/2024
Dated

Use Case originally approved on 5/10/24; revised on 8/7/24.