

Medical Mental Health Unit

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What We Do

- ▶ Evaluation of medical & mental health needs
- ▶ Monitor children in hospitals and behavioral health treatment programs
- ▶ Case management for medical/mental health need children
- ▶ Assist in discharge planning for children in more restrictive settings such as hospitals, acute MH facilities, treatment programs and TFH's.
- ▶ Participate in TDM's (Team Decision Meetings) for children receiving medical and mental health services
- ▶ Perform reviews for all children receiving psychotropic medications, monitor labs and other prescribed medication/treatment plans for medically complex youth
- ▶ Assist with getting youth who meet criteria, onto a Home and Community Based Waiver (HCBW)

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Medical Mental Health Team Follows Children:

- ▶ Any children in your home with Medical Needs:
 - ▶ Hospitalizations and Surgeries
 - ▶ Diabetes, congenital abnormalities
 - ▶ Medical appointments outside of regular well visits
 - ▶ ALL Medical Neglected Cases
- ▶ Significant developmental delays
 - ▶ Autism
 - ▶ Low cognitive/developmentally delayed
- ▶ Mental Health Needs
 - ▶ Suicide Ideation/Self Harm- Emergency Room visits
 - ▶ Behaviors that are escalating (Our goal is early intervention, let the caseworker know right away we can have a meeting)
 - ▶ Any Children on Psychotropic Medications
 - ▶ Youth that may need a higher level of care

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What is considered medically fragile/special needs from OCS?

- ▶ Immunocompromised (including leukemia/cancer treatment)
- ▶ Premature Infants
- ▶ Type I/II Diabetic- uncontrolled
- ▶ Congenital malformations- Chromosomal genetic disorders
- ▶ Cerebral Palsy
- ▶ Medically neglect children
- ▶ Epilepsy/Other Seizure/Neurological disorders
- ▶ Other Diagnosis that require medication regime, surgeries, multi-disciplinary team (appointments)
- ▶ Developmental Delays IQ below 80 or severe inability to take care of self
- ▶ Children requiring additional medical equipment (can be case by case need)

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When Youth Placed in Home

- All children in OCS custody receive need to receive an EPSDT (aka well-child/well-baby screening within 30 days of being placed. Give copies of EPSDT to caseworker
- Every effort will be made to have child see their current primary care doctor (as long as provider is Medicaid eligible) for their EPSDT.
- If the child is Alaskan Native or qualifies for Indian Health Services (IHS) they **must** be seen by an IHS provider even if this is a change from their current provider.
- It is policy that parents know about all medical appointments and are able to attend (unless extenuating circumstances). Foster Family or caseworker must notify bio family.

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When Youth Placed in Home

- Any Medical Needs?
- Is the child on medications?
- Any special equipment?
 - Was the equipment rented or owned.
- If on a waiver who is the care coordinator and agency?
- Ask for a list of all doctors, specialist with contact information and when their next appointments are

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What are qualifications needed for a foster family? Any special license considerations?

- ▶ Some families depending on the needs of the child may need a parent to stay at home.
- ▶ Family must be willing to receive extra training on medical equipment as necessary. May need to "room-in" at the hospital for education prior to discharge.
- ▶ Some children qualify for in home services, family will need to be comfortable with caregivers coming into their home.
- ▶ Willing to take kids to additional medical/mental health appointments (some children require multiple appointments weekly ie. PT/OT)
 - ▶ Mileage reimbursement is available

If a child is on a waiver a home can become a Fam Hab home. This allows for respite care and day hab services through an agency.

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Specialized/Augmented Rates

- The rates are determined on a case-by-case basis, dependent on the needs of the child.
- Specialized and Structured Rates- Determined by caseworker & supervisor
- Intensive Augmented Rates- For children on waitlist for waiver available on case-by-case basis
- Fam Hab homes pay additional per day rates based off of the waiver agency.

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Can foster parents give Benadryl as a sleep aide?

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Over the Counter Medications

Over the counter medications can ONLY be given for the intended/indicated uses on the bottle

Foster parents must be documenting when medications are being given for routine care
 -ie: Tylenol for headache, ointment for a rash.

Have Questions!!!!????? Reach out to the Primary Care Providers. If they are unavailable may reach out to OCS caseworker/on call case worker


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Importance of Vitamins

Multivitamin- As children grow, it's vital for them to get adequate amounts of nutrients that help build **strong bones**, such as calcium and vitamin D. Iron, zinc, iodine and vitamins A, B6 (folate), B12, and D are crucial for brain development in early life. Encourage **multivitamins** to be given DAILY.

Vitamin D- made by the body when exposed to ultraviolet rays (the sun). In Alaska (especially in the winter) it is essential to take supplemental Vitamin D. Helps to not only strengthen bones, but also supports the immune system and fights inflammation. There is also a significant relationship between depression and vitamin D deficiency, taking the supplements especially during long winter months can help brighten your mood. This can be a critical and easy intervention to help some of our youth when feeling down!

*** With all supplements and OTC medications make sure it has been discussed with the primary care provider prior to starting.



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CHILD & ADOLESCENT Immunization Schedule

MONTHS						YEARS		
BIRTH	2	4	6	12	18	4-6	11-12	16
Hep B	Pediarix* Pedvax Hib	Pediarix* Pedvax Hib	Pediarix*	DTaP Pedvax Hib MMR	Hep A	Kinrix** MMR Varicella	Tdap	
* Combo-vaccine: DTap, Polio, Hep B			Varicella					
** Combo-vaccine: DTap, Polio				Hep A				

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Elective Immunizations

*** MUST have parental consent if rights are intact
If parent rights terminated OCS Caseworker and Nurse Consultant will give consent

ELECTIVE Immunization Schedule

MONTHS					YEARS			
BIRTH	2	4	6	12	18	4-6	11-12	16
Rotavirus PCV13	Rotavirus PCV13	Rotavirus PCV13	Rotavirus PCV13	PCV13		HPV (3 doses)	MCV4	MCV4

★ INFLUENZA VACCINE annually 6 mos-18 yrs
 ★ COVID-19 As available currently is an elective immunization

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Medications and Informed Consent

- ▶ Informed consent must include meaningful explanation of medication, associated risks, and possible alternatives
- ▶ Do not sign consents for psychotropic medications or elective immunizations if parental rights are intact - only parents can sign for medications without a court order
- ▶ If parental rights are terminated:
 - ▶ Mental Health Team will send form to physician
 - ▶ Nurse Consultant will give recommendation, must be provided with current list of all medication
 - ▶ Caseworker to give consent *after* consulting with the psychiatric nurse (recommendation above) and GAL
- ▶ Notify the MMHU of any children on psychotropic medications

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Home Based Community Waivers (thru SDS)


Many of our children may qualify for waiver support. When on waiver it helps retain placement.

The process takes time (3 Step Process) and needs a qualifying diagnosis. These can range from poor ADLs, Intellectual Disability, Behavioral Diagnosis and Complex Medical Conditions.

Services can include:
Respite, Day Habilitation, Family Habilitation, In-Home Supports, Nursing Care/Management, Home Health, Meals, Transportation, Supportive Employment etc.

What can you do? **Reach out to the MMHU talk to us about this child's/young adults struggles** we can explore if they can get additional support through waivers that will help them!

Alaska's Home and Community Based Medicaid Waivers



- Alaskans Living Independently Waiver
- Adults with Physical and Developmental Disabilities Waiver
- Children with Complex Medical Conditions Waiver
- Intellectual and Developmental Disabilities Waiver
- Individualized Supports Waiver

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We are a Team!

- The Medical/Mental Health Unit is here to help assist our youth with providing early intervention and prevention instead of crisis management.
- We aren't aware of medical or behavioral concerns without caseworkers telling us! Which means close communication with you the foster family.
 - You are our eyes! Observing children day to day basis will help us understanding more about potential development delays or behavioral needs.
- If you aren't sure about youth's needs, the caseworker will loop us in. We may be able to provide additional resources!

THANK YOU!
