



Health Advocacy Action Plan

There are a number of situations in which an advocate can positively impact the health of the children they support:

- 1. Become familiar with the child’s current healthcare status upon joining the case (pg. 2)**
- 2. Facilitate the caregiver’s connection with HealthWorks of Illinois (pg. 3)** which handles medical case management for all IL Youth In Care to age 21
- 3. Advocate for – and facilitate – healthcare next steps (pgs. 5 – 9):**

Inform caregivers about the advantages of a “medical home” for children – primary care providers who know the child over time.

When necessary, help facilitate the process of finding appropriate health facilities & providers. HealthWorks of Illinois and the county health department in which the child is placed can be excellent resources.

Inquire with caregivers about the status of each child’s immunization, well-visit, and required medical exams against the recommended guidelines (pgs. 8-9). Facilitate and encourage caregiver follow up. Children are often at a healthcare deficit when they enter care and will need help to get caught up.

- 4. If applicable, become familiar with the child’s medications (pg. 11)**
- 5. Review the completeness of each child’s medical reporting at critical junctures (pg. 12):** the start of the case, when placement changes, when children visit healthcare providers, before Administrative Case Reviews (ACRs), and when the case closes.

Updated information about the child’s medical status will be presented at each Administrative Case Review (ACR). This is an excellent opportunity for advocates to compare the records to recommended guidelines and ask questions about disparities.



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1. Learn about the child's current healthcare status upon joining the case

- **If the placement is new**, encourage caregivers to ask the CW about whether the child has any immediate medical care needs (an Initial Health Screen (IHS) will be conducted within 24 hours of removal).

Carefully review Optima documents, especially "Discovery" documents, for any health issues, and ensure CW is aware of them. CW can inform the caregiver.

Within a few days of placement, the caregiver will also hear from HealthWorks of IL (see page 3) to ensure that a Comprehensive Health Evaluation (CHE) is completed within 21 days of DCFS custody.

- **If the child is moving from another placement**, advocates should work with the CW and caregivers to ensure that medical records and the medical card go with the children to the next placement. Also ensure that the new caregivers are aware of any ongoing health or medical issues/next steps. Note: caregivers do not have the authority to refuse flu shots or immunizations.
- **When communicating with the school**: ask about any observations of possible health issues (including vision/hearing/behavior), any nurse visits, or any medical screenings conducted.
- **If there are concerns about the child's healthcare and/or concerns about the completeness of health records** talk with your manager about ways you can facilitate the process and ensure that the child's healthcare and records stay on track.



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2. **Facilitate the caregiver's connection with HealthWorks of Illinois** which handles medical case management for all IL Youth In Care. In Lake County, the program is administered through the Lake County Health Department/Community Health Services.

NOTE: HealthWorks staff is NOT authorized to discuss child medical information with CASA volunteers, only with caregivers and DCFS/agency staff.

- **HealthWorks is required to make contact with caregivers within 72 hours of placement.** Encourage caregivers (especially at fictive kin and relative placements, who may not have been trained to expect such calls) to connect with HealthWorks.
 - **In Lake County**, one case manager provides *ongoing and proactive* medical case management support for children under 6 years old and another case manager provides support for *45 days after Temporary Custody* for children aged 6 to 21. This case manager does remain available as a resource until case is closed.
 - **For children placed in the following counties**, HealthWorks can be reached at: Lake County 847-377-8070; Cook County 708-679-8000; DuPage County 630-221-7098; McHenry 815-334-4510.
For placements in other counties contact your Advocate Manager; we have a directory at the office.
- In the initial call, the HealthWorks case manager will verify the caregiver's address and mail a packet of health care information. They will also ensure that the caregivers schedule a Comprehensive Health Evaluation (for new cases).
- Determine whether caregivers can locate the child's **HealthWorks Passport and medical insurance card**, which should have been provided by the caseworker. The Passport summarizes the child's medical history to date, and is updated by HealthWorks.
If the child's HealthWorks Passport is missing, the caregiver should contact the CW or, alternatively, HealthWorks. Discuss this situation with your Advocate Manager prior to proceeding. **HealthWorks should be informed by FPs about all healthcare provider visits; HealthWorks will then contact the provider to update their records for the child.**



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3. Advocate for – and facilitate – healthcare next steps

Inform caregivers about the advantages of a “medical home” for children – Primary care providers who know the child over time will provide:

Continuity of care -

- To identify and address the child’s healthcare needs and long-term trends
- To be available for, and assist in, managing emergency healthcare events in the context of the child’s ongoing health situation
- Increase access to preventive care
- To facilitate transitions to other providers should the child move.

Referrals - Providers who know the child can recommend and advocate for specialist referrals, then partner with those specialists on behalf of the child.

Record-keeping – Maintaining a comprehensive record of the child’s health treatments.

Facilitate the process of finding appropriate health facilities and providers, including a medical home, when necessary. To search for local Medicaid providers:

- HealthWorks staff can assist in identifying appropriate doctors.
- The Health Department in the county in which the child is placed may be a medical home option for youth in care

The *Lake County Health Department* accepts foster child medical cards and can an excellent resource for children placed in Lake County. They have seven primary care locations: North Chicago, Round Lake (2), Highland Park, Zion, and Waukegan (2). They provide primary care including preventive care, well visits, physicals, and immunizations. See page 6-7 for specific programs.

211 Lake County Hotline (available 24 hours/day, 365 days/year via phone & text): Lake County offers a free and confidential helpline to connect individuals and families with health and human services in Lake County. 211 connects residents to various resources from shelter & housing, food programs, health care, mental health, addictions and more, to improve & save lives.



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3. Advocate for – and facilitate – healthcare next steps (continued)

Resources at the [Lake County Health Department](http://www.health.lakecountyil.gov) www.health.lakecountyil.gov

Caregivers can call the **Patient Access Center** @ 847-377-8800 to discuss what's needed and determine the resources available.

Speak with your Advocate Manager prior to reaching out to (or recommending) the Lake County Health Department, to ensure you are acting appropriately in conjunction with the CW and caregivers. While LCHD resources are for children and teens placed in Lake County, it is sometimes possible to obtain LCHD access for those who are placed in surrounding counties.

LCHD healthcare resources for children and adolescents

<https://www.lakecountyil.gov/2138/Women-Childrens-Health>

Child & Adolescent Behavioral Services (CABS) 847-377-8950 - Behavioral health services, trauma treatment, substance abuse counseling, **crisis intervention (“SASS”)** @ 800-345-9049

Child and Family Connections 847-377-8900 – For children under age 3 with suspected developmental delays

Childhood Lead Program 847-377-8010 – For referrals to public health nurses for child assessments

Dental Care 847-377-8800 – Exams, cleanings, x-rays, fillings, dental sealants, non-surgical tooth removal

Immunizations 847-377-8470

Primary Care 847-377-8800 – A “medical home” approach, offering preventive care, well visits, physicals, immunizations, women’s health, behavioral health, prenatal OB care, pediatrics, chronic illness, infectious disease care (including Hepatitis C and HIV), and referrals to specialists.

WIC – Supplemental Nutrition Program for Women, Infants, and Children 847-377-8420 – Helps pregnant women, infant caregivers, and young children eat well and stay healthy. Provides nutrition education, breastfeeding support and vouchers for nutritious supplemental foods (including baby formula).

Note: Transportation is a Medicaid resource that can be accessed by calling the 800# on the back of the Medicaid card, with 24 – 48 hours’ notice. There are reportedly long waits for rides and it can be a significant hassle to use, but is free and could be useful in the right situation.



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TEEN Health Resources at the Lake County Health Department

www.health.lakecountyiil.gov <https://www.lakecountyiil.gov/2138/Women-Childrens-Health>

See the LCHD website or call the Patient Access Center for additional adult physical and mental health care options which may apply to teens 18 – 21.

Adolescent Substance Abuse Program 847-377-8950 – For clients between ages 12 – 20, meeting the criteria of 1) Diagnosis of a substance use disorder as per DSM-5 or 2) Youth seeking services due to their experimentation with substances.

Child & Adolescent Behavioral Services (CABS) 847-377-8950 - Behavioral health services, trauma treatment, substance abuse counseling, **crisis intervention (“SASS”)** @ 800-345-9049

Crisis Care Program (CCP) 847-377-8088 Counselors available 24/7 by phone or in person (3002 Grand Ave. Waukegan) for any resident experiencing a mental health crisis. Offers a Respite Crisis Stabilization Unit, where individuals can stay for about one week to resolve their mental health crisis.

Dental Care 847-377-8800 – Exams, cleanings, x-rays, fillings, dental sealants, non-surgical tooth removal. Topical anesthesia only. Can refer for braces if a chewing/structural problem.

Immunizations 847-377-8470

Need2Know 847-377-8450 – Sexually transmitted infections and HIV prevention and treatment services

Primary Care 847-377-8800 – A “medical home” approach, offering preventive care, well visits, physicals, immunizations, women’s health, behavioral health, prenatal OB care, pediatrics, chronic illness, infectious disease care (including Hepatitis C and HIV), and referrals to specialists.

Public Health Nursing/Family Case Management 847-377-8050 – for pregnant teens/new moms

Women’s Health Services 847-377-7950 – For women of all ages including medical exams, family planning, contraception, laboratory testing. Those aged 12+ can obtain family planning help without parental approval.

WIC – Supplemental Nutrition Program for Women, Infants, and Children 847-377-8420 – Helps pregnant women, infant caregivers, and young children eat well and stay healthy. Provides nutrition education, breastfeeding support and vouchers for nutritious supplemental foods (including baby formula).



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3. Advocate for – and facilitate – healthcare next steps (continued)

Discuss with caregivers the status of each child’s immunization, well-visit, and required medical exams against the recommended guidelines. Updated information about the child’s medical status will be made available at each Administrative Case Review (ACR).

The following provides the American Academy of Pediatrics **immunization schedules**:

Birth – 6 years

English: <https://www.healthychildren.org/English/safety-prevention/immunizations/Documents/2018-parent-friendly-schedule-0to6-FINAL.PDF>

Spanish: https://www.healthychildren.org/Spanish/safety-prevention/immunizations/Documents/2018%20parent-friendly%20-6%20schedule_Spanish%20FINAL.pdf

7 - 18 years

English: [https://www.healthychildren.org/English/safety-prevention/immunizations/Documents/CS289048-A_withe EZtoRead 7-18_2018%20\(002\).pdf](https://www.healthychildren.org/English/safety-prevention/immunizations/Documents/CS289048-A_withe EZtoRead 7-18_2018%20(002).pdf)

Spanish: <https://www.healthychildren.org/Spanish/safety-prevention/immunizations/Documents/parent-version-schedule-7-18yrs-sp.pdf>

See a list of comprehensive health guidelines for well visits/health screenings at every age at:

https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

Assist and encourage the caregiver/agency to follow through with immunization and well-visit next steps.



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DCFS has a list of **required medical exams** for children who are in care (see below). HealthWorks will mail the list to caregivers. Advocates should ensure that caregivers are aware of the requirements and encourage their compliance.

DCFS Required Health Exams - Frequency of Health Visits for Children

One health screening during each of the following periods is required for children who are in the legal care and custody of DCFS:

Birth to 2 weeks	2 years to 3 years	12 years to 13 years
2 weeks to 1 month	3 years to 4 years	13 years to 14 years
1 month to 2 months	4 years to 5 years	14 years to 15 years
2 months to 4 months	5 years to 6 years	15 years to 16 years
4 months to 6 months	6 years to 7 years	16 years to 17 years
6 months to 9 months	7 years to 8 years	17 years to 18 years
9 months to 12 months	8 years to 9 years	18 years to 19 years
12 months to 15 months	9 years to 10 years	19 years to 20 years
15 months to 18 months	10 years to 11 years	20 years to 21 years
18 months to 24 months	11 years to 12 years	

See a list of comprehensive health guidelines for **well visits/health screenings at every age** at: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

Vision Screening: Beginning at age 3, vision screenings should occur each year

Hearing Screening: Beginning at age 1 for children at risk of hearing problems and age 3 for all other children, one hearing screening should occur each year.

Dental Screening: Beginning at age 3, children should be referred for dental care. Children should receive one clinical oral exam/year and oral prophylaxis every 6 months.

Lead Screening: All children 6 months to 6 years old should be assessed for their risk for lead poisoning. Illinois State law requires all children entering day care, nursery school, preschool, or kindergarten to provide proof of a blood lead test. Women planning to have a baby should be tested for lead. Lead in a mother's body can cause a baby to be born too small and too early.

Anemia Test: Hemoglobin/Hematocrit is recommended at age 6 months to 12 months or as medically indicated. After age 2, a hemoglobin/hematocrit is recommended each time a screening test is performed. This is done at WIC and routine medical exams.



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4. If applicable, become familiar with the child's medications – the following are some questions to consider. Remember: HealthWorks cannot disclose information to CASA. *Discuss your next steps with your Advocate Manager before proceeding*

- What is the goal for this medicine? What is the desired effect? For existing prescriptions: how long has the child been taking them?
- What are the potential adverse reactions to this medicine? Side effects?
- What is the dosage and frequency for delivering this medicine?
- Will this child be able to comply with the prescribed medicine?
- Does the child agree with taking this medicine?
- When should there be follow-up to this medication and/or related treatment? What should that follow-up be?

How can you become informed about your CASA child's medications?

- It can be difficult to obtain information about medicines from prescribing psychiatrist and child therapists, given confidentiality concerns. Most information we get about child medications or health will come from DCFS or the caregiver.
- Probably the best, most consistent venue for information and discussion would be at your CASA child's **Administrative Case Reviews (ACRs)**, which occur twice/year. You can find scanned copies of previous ACR documents in Optima.
- If your CASA child is placed in a group home, their Case Manager can also be a good source.
- Speak with your Advocate Manager to assess your best approach if there are concerns re: medications.



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5. Facilitate the accuracy and completeness of each child's medical records at critical junctures:

- **At the start of the case** - ensure that the caregiver received the medical records and medical insurance card. Identify any health issues by speaking with the CW and by reading documentation scanned into Optima (especially Discovery documents). Ensure that the caregiver gets in touch with HealthWorks of Illinois (see pg. 3).
- **When placement changes** - work with the CW and caregivers to ensure that medical records and the medical card go with the children to the next placement. Also ensure that the new caregivers are aware of any ongoing health or medical issues/next steps.
- **When children visit healthcare providers** – confirm that the caregiver has informed CW and/or HealthWorks, who keeps and updates the child's official medical records (see pg. 3). In order for records to be updated, HealthWorks must be informed when visits occur.
- **At Administrative Case Reviews (ACRs)**, which occur twice/year – review medical documents from previous ACRs (which should be scanned into Optima) and identify any gaps/issues. The ACR is a good venue to ask questions and to advocate on behalf of the child's healthcare.
- **When the case is closed** – Work to ensure that the medical records leaving the system with the child are as up-to-date as possible.