



Special Considerations for Children in Foster Care

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“Health Care Management across multiple disciplines (e.g., primary care, dental care, medical subspecialty care, mental health care, education, developmental services, social services) is fundamental to ensuring continuity of care for children and adolescents in foster care”

American Academy of Pediatrics

Agenda

- Overview of DCS CHP and services for children in out-of-home care
- American Academy of Pediatrics Standards for children in foster care
- Early identification of risk and complexity: EPSDT
- Coordinating integrated care and services
- Immediate care needs upon removal
- Medical home
- Information sharing via HIE
- Questions

Background information

- “DCS involvement”
 - Out-of-home care versus in-home cases
- Services for children in out-of-home care
 - Notice to provider
 - All members are entitled to the same care
- Not all children who enter foster care have a forensic examination on entry into care – the first evaluation is extremely important
 - The majority of children enter foster care for neglect

American Academy of Pediatrics Standards for children in foster care

- To ensure the safety of the child or adolescent
- To identify signs or symptoms of abuse and neglect, including but not limited to behavioral indicators such as enuresis, encopresis, nightmares, sexual knowledge inappropriate for the child's age, and sexualized behaviors
- To obtain appropriate medical treatment for children or adolescents who have been abuse and neglected; in particular, to identify children who need acute medical or mental health intervention
- To facilitate and participate in coordination activities to ensure that children and adolescents in foster care receive high-quality, comprehensive, and coordinated health care
- To involve the appropriate authorities, including Child Protective Services (CPS) and law enforcement
- To communicate information obtained from the examination to the agency with care and custody of the child
- To provide care for the child remaining with the family and/or after their return to the family

<https://www.aap.org/en/patient-care/foster-care/fostering-health-standards-of-care-for-children-in-foster-care/>

Comprehensive health care needs

Preventative health
care (EPSDT, VFC)

Care for acute and
chronic illnesses

Full range of mental
health care services
(ABHC, HNCM, CFT)

Developmental
evaluation and
services

Evaluations for child
abuse and neglect

After-hours care,
emergency care

Dental care

Vision

Early identification of risk and complexity

- Acute illnesses
- Chronic medical needs
 - Includes those requiring subspecialty referral
 - For children and adolescents with complex health care needs, health care management is responsible for arranging, coordinating, and monitoring appointments with individual health care professionals, even when a Care Coordinator is involved
- Emotional health conditions
- Developmental delays
- Transfers or changes in foster care placement
- Return to foster care
- Child abuse and neglect allegations while in foster care
- Discharge from foster care

Coordinating services

- Child Welfare agencies are bound by law to ensure that children and adolescents in foster care receive services necessary to optimize their physical, emotional, and developmental well-being
- Numerous studies demonstrate that children and adolescents in foster care have multiple physical, emotional, and developmental needs that are inadequately addressed by the traditional reliance on caseworkers and foster parents as health care coordinators
- Children and adolescents in foster care have multiple, complex health care needs that demand a high level of medical sophistication and coordination on the part of health care professionals

Initial care for children and adolescents - Integrated Rapid Response

Integrated Rapid Response assessment (within 72 hours of referral)

- Physical health screening
- Behavioral health comprehensive assessment
- Assigned Behavioral Health Clinic (ABHC)
 - Case management including evaluation for the need of High Needs Case Management (HNCM)
 - Child and Family Team (CFT) to determine service delivery

Initial care for children and adolescents – Primary Care Provider (PCP) assignment

Primary Care Provider (PCP) assignment

- Comprehensive health assessment – EPSDT (within 30 days)
 - Physical, behavioral, developmental, educational, dental, hearing and vision screenings, risk assessment, lead testing, specialty referrals
- Periodic preventative health care
 - Routine EPSDT visits up to 18 months of age, semiannual visits beyond 2 years of age through adolescence, frequency based on complexity, vaccines
- Enhanced visitation schedules specific to children in foster care
 - Recommended that children are seen to monitor their health, emotional well-being, development, psychosocial stressors, continued adjustment to their foster family, and visitation with birth parents or other relatives
 - Monthly during the first 6 months of life
 - Every 3 months from 6 to 24 months of age, then
 - At a minimum of every 6 months

Medical Home model

- According to the American Academy of Pediatrics (AAP) and the federal Maternal and Child Health Bureau, a medical home for any child has certain characteristics
- It is a medical practice that is accessible and family-centered and provides high-quality care that is comprehensive, coordinated, compassionate, and continuous over time
- Children and adolescents in foster care should receive all their health care services (i.e., routine preventive, acute illness, chronic illness) from a single health care professional who will get to know them, with whom they can bond, and in whom they can confide
- The medical home can create a foster care–friendly environment by obtaining a copy of signed consents from the foster care agency and maintaining them as a part of the child’s health record, having contact information for the child’s caseworker in the child’s chart, and sending a summary of the health visit that includes immunizations and other recommendations to the child’s caseworker after each health care encounter

Importance of sharing information in a centralized platform: Health Current (HIE)

“Children in protective custody have increased health problems and poor health compared with children in the general population, in part because of challenges with continuity in health care delivery.

Even when health care is mandated and there are qualified providers to administer health care, a critical gap in information sharing remains. This gap is likely related to:

- (1) technical barriers, including disparate, fragmented data sources originating from multiple health care providers spanning geography and institutions;*
- (2) data sharing and privacy issues;*
- (3) identifying who should have access to what and when; and*
- (4) lack of funding to support these efforts”*

(Greiner et. al., 2019)

What information should be accessible?

Updated problem list and care plan

Updated medication list

Updated allergy information

Updated immunization record

Appropriate consent documents

Summaries of ongoing health care visits to primary care physician and specialists

Complete past medical history

Summaries on ongoing health care visits to medical subspecialists and scheduled appointments

Human immunodeficiency virus (HIV) risk assessment documentation and any HIV-related information

Developmental and mental health evaluation summaries

Educational evaluation summaries

Summaries of developmental and mental health treatment plans

Laboratory reports

Summaries of health care planning and CFT conferences

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Thank You