Children's Hospital LOS ANGELES

CALIFORNIA LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL DISABILITIES

USC University of Southern California

MAKING HEALTH A PRIORITY FOR INFANTS & YOUNG CHILDREN IN FOSTER CARE

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Data from the past 30 years demonstrating the high prevalence of health problems in the foster care population has led the American Academy of Pediatrics (AAP) to classify children in foster care as a population of children with special health care needs

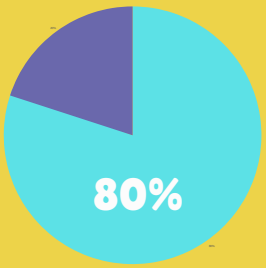
Introduction

At any given moment in the United States there are over 400,000 children in foster care.[1,2,3] Of the children who enter the foster care system in the United States, infants and young children aged birth to five represent one of the largest and most vulnerable groups. Preliminary data from 2017 indicate that 49% (n=132,729) fall in this age range.[21,22]

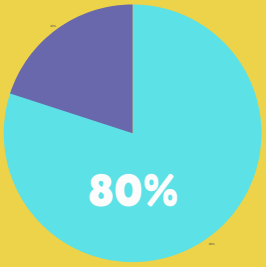
In addition to abuse and neglect, children placed in foster care may also have experienced other adverse childhood experiences (ACEs) such as homelessness, parental substance abuse, parental mental illness, prenatal exposure to drugs, insufficient prenatal care, premature birth, and/or family violence.[4] Research shows that compared to their peers, children in foster care are more likely to have chronic health care conditions, developmental delays, and significant mental health challenges during their childhood and also throughout their life course into adulthood.[19]

This paper examines the current need of this population and provides recommendations to help strengthen the foster care system to better support infant and young children's development, health, and well-being.

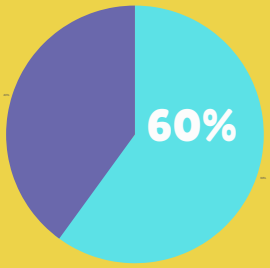
Prevalence of Health Care Needs in this Population [20]



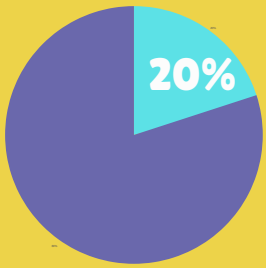
Up to 80% of children enter foster care with a significant mental health need



Up to 80% of children enter foster care with at least one physical health problem with 1/3 having a chronic health condition



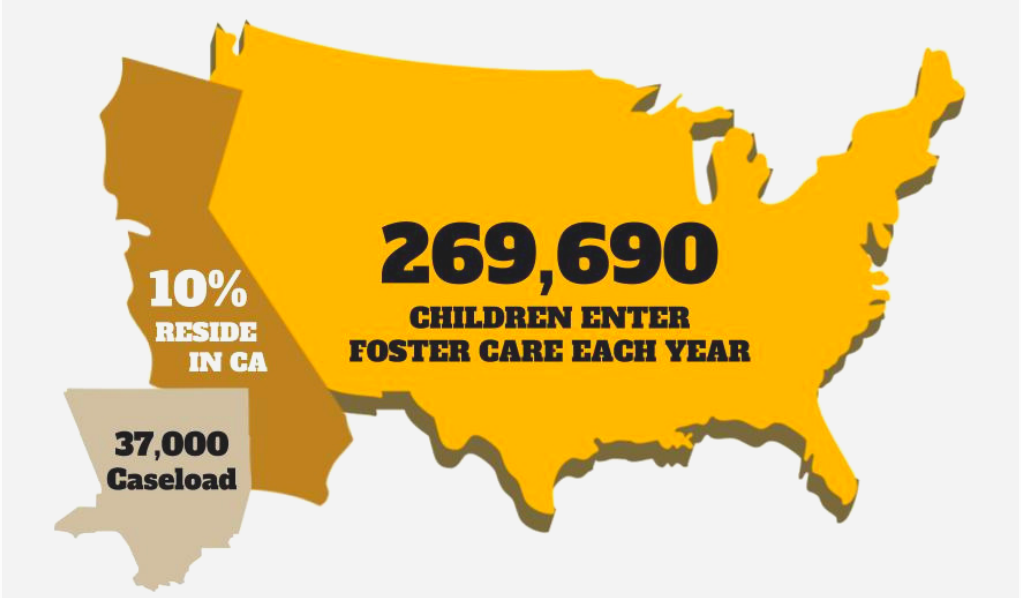
Up to 60% of children younger than 6 years have a developmental disability



20% of children have significant dental issues

Foster Care Children in Los Angeles County

Of the 269,690 children who enter the foster care system each year, almost 10% of them reside in California.[21,22] Los Angeles County's Department of Children and Family Services (LAC-DCFS) and Department of Mental Health (DMH) are the **two largest child welfare and mental health service agencies in the United States**, with LAC-DCFS providing case management services to more than 37,000 children and handling over 134,000 allegations of child abuse and neglect on an annual basis.[9,14]



The Katie A Settlement

A 2002 class action lawsuit against the state of California titled **"The Katie A Settlement"** resulted in enhanced health screening, assessment, and service provision for child welfare system (CWS)-involved children.[9] In L.A. County, as part of the implementation of the *Katie A Settlement*, the DCFS and DMH departments developed the **Medical Hub system**, which serves to provide newly detained foster care children in the county with medical evaluations, including age-appropriate mental health screenings, and primary follow-up care at a designated location from physicians who specialize in the needs of children in foster care.[23]

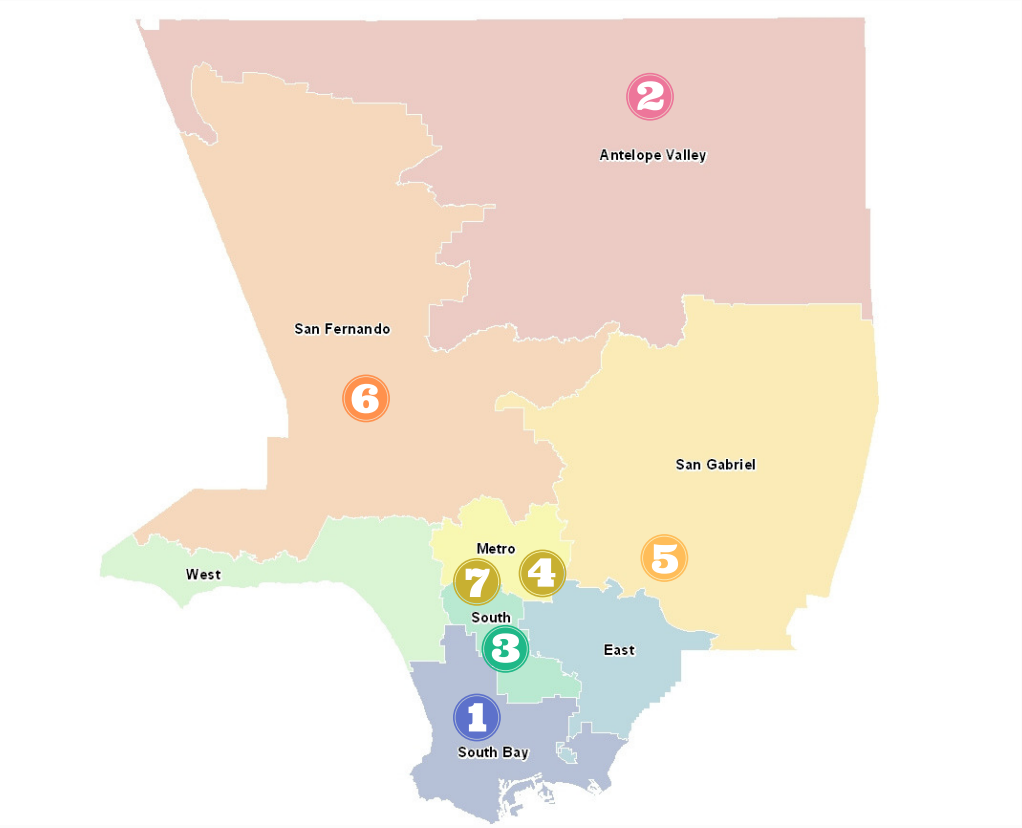
The *Katie A Settlement* included a mandate requiring LA-DCFS to identify and provide timely treatment for the mental health needs of foster children.[9,23] However, non-uniform screening, referral, and follow-up practices across county agencies combined with child welfare workers' unfamiliarity with the unique developmental and mental health needs of this population, likely contribute to the high variability in referral and receipt of services for foster care children.[9,11,12,15,23]

Despite these difficulties, the implementation of the Medical Hub system in L.A. County has increased the number of foster care children who receive comprehensive medical and mental health evaluations. Data from 2016 indicate that the Medical Hubs saw over 31,000 DCFS referrals and 12,000 foster care clients were served by DMH per month.[13]

There are a total of seven Medical Hubs in L.A. County that have been established for each geographic area of the county. Six are operated by the L.A. County Department of Health Services in county facilities, and one by Children's Hospital Los Angeles that also receives mental health funding. The locations of the Hubs are:

1. Harbor-UCLA Medical Center (Torrance)
2. High Desert Regional Health Center (Lancaster)
3. Martin Luther King, Jr. Outpatient Center (South L.A.)
4. LAC+USC Medical Center (Boyle Heights)
5. East San Gabriel Valley Clinic (El Monte)
6. Olive View-UCLA Medical Center (Sylmar)
7. Children's Hospital Los Angeles (Los Angeles)

Medical Hubs in Los Angeles County



The Path to the Medical Hub

= Problem Areas = Medical Hub Model at CHLA

1. **Call is made to DCFS Staff**
2. **DCFS Social Worker (SW) Decides to Open Case (Yes/No)**
3. **DCFS SW Initiates Referral to Medical Hub (24 hours)**
4. **Initial Medical Exam Completed by Hub Doctor or Nurse**
5. **Clinical Hub Staff Make Recommendations to Family and DCFS Staff**
6. **DCFS SW Follows Up with Family**

Integrated Medical & Mental Health Assessment

An integrated medical and mental health assessment is completed by a pediatrician and licensed mental health provider during the same visit.

CHLA Clinical Hub Staff recognize the impact of trauma on this population and as a result prioritize the mental health component.

Recommendations & Linkage to Appropriate Services

CHLA Clinical Hub Staff make recommendations to DCFS and the court for ongoing care, and link foster care families to age-appropriate follow-up medical and/or mental health services offered at the CHLA Hub Clinic hospital or in another community setting.

Capacity to Provide Ongoing Coordination of Primary & Sub-Specialty Healthcare Services

The CHLA Clinical Hub has the capacity to coordinate and provide specialized services for medically fragile children with special healthcare needs as well as comprehensive mental health services for children and their foster care families.

The Path to the Medical Hub

A Closer Look at the Problems

Problem #1:

Lack of Staff Training

- Child welfare workers' limited familiarity with developmental delays and psycho-social issues.[6,9,11,12,20,23]
- Lack of knowledge of developmental and mental health screening standards.[6,16]

Without specialized training, child welfare workers and caseworkers may have difficulties identifying the unique mental health and developmental health needs of CWS-involved children unless the child presents with significant health challenges and/or delays.[9,11,12,20,23] Those staff may also lack knowledge of appropriate mental health resources and services available for this population.[11,12,23]

Further, pediatricians involved in the child's care may be unfamiliar with the CWS, state-and-local level practices, regulations, and mandates affecting this population, and **how to coordinate care across the different systems and disciplines involved.**[20,24] Research also indicates that pediatricians may lack the training required (e.g., trauma-informed care practices) to identify and adequately address the unique health care needs of this population.[20]

AAP Bright Futures Guidelines

The AAP recommends that in addition to conducting developmental surveillance during every preventative care visit, service providers should also use a validated, global developmental screening tool at 9-,18- and 24-30 months of age and an autism-specific screening tool at 18 and 24 months. *Please refer to AAP Bright Futures Guidelines.*

Problem #2:

Lack of Timely & Appropriate Screenings

- Difficulties accessing and utilizing standardized screening and assessment tools.[1,11]
- Low utility of psychometrically validated screening and assessment tools due to costs, training, and time required to interpret results.[15]

Despite efforts to provide continuity of care for CWS-involved children, the care children receive while in foster care continues to be compromised by a lack of coordination between the child welfare, health, and mental health systems.[8,12,20,23] Data suggests that 70-85% of children in need of mental health services in the CWS do not receive such services, with children under age three being even less likely to receive mental health services than children over the age of three.[23] Another study found that of the 68% of preschoolers in the CWS who exhibited developmental delays, only 22% received services to meet those needs.[12]

Problem #3:

Lack of Staff Resources

- Lack of staff funding for specialized training on child development and mental health.
- Lack of staff to effectively provide the necessary case-management services.
- Public health nurses are available, but limited across California.

Garcia et al. (2015) suggests that caseworkers may not be aware of services because time constraints prevent them from learning about available services in the community, and that workers may need further assistance when incorporating new knowledge. Further, the lack of comprehensive, preventive medical care for foster children is said to have resulted from a multitude of factors including, social workers overburdened with high caseloads, lack of health training, and an uncoordinated medical record system resulting in errors and under-treatment for chronic conditions.[18]

In 1997, California introduced the role of Public Health Nursing (PHN) within child welfare services with the goal of facilitating the delivery of appropriate health services in order to meet the complex health needs of foster care children at various critical periods.[17] After the first year of implementation of the PHN program in California, Geppert, Marrufo, and Rapoport (2004) found that Medi-Cal use by foster care children increased slightly (between 1% to 3%) for counties that had a higher percentage of PHN per foster child. However, public health nursing assignments currently vary in the number of actual cases followed. In fact, the ratio varies from one PHN for 100 up to 2000 cases and one PHN for a various number of social workers.[3]

Problem #4:

Lack of Coordination Between the Different Service Systems Involved

- **Unavailable or incomplete information on the child's medical, mental health, and developmental history due to absent/uncooperative birth parents, multiple previous health providers or limited contact with the health care system.** [12,20]
- **Parental consent and confidentiality barriers.** [12,20]
- **Poor communication and sharing of information among social workers, child welfare caseworkers, health and mental health providers, biological parents, foster parents, and legal professionals.** [8,12,20]

Currently, there are discrepancies in the information-sharing procedures across service systems, including limited access to other agencies' databases, which limits staff's ability to access children's records and track cases over time (e.g., to assess whether children receive and actively engage in effective services).

In addition, there is insufficient funding to cover the intensity and complexity of services and care coordination this population requires, such as obtaining consents, locating health histories, conducting team meetings, providing caregiver education, and locating developmentally appropriate services for very young children. [12,20]

Furthermore, these issues are exacerbated by prolonged waits for quality community-based medical, dental, and mental health services due to delayed referrals, limited availability of specialized services, and limited access to providers with specialized training and skills to address the unique health needs of this population. [8,20]

How do parental consent barriers affect care? [20]

In many states, the birth parent/legal guardian of the child at the time of entry to care retains guardianship and, thus, the right to consent to treatment on behalf of the child. Many agencies have birth parents/guardians sign a general medical consent at or shortly after placement, which covers most routine care. However, special situations, such as early intervention and mental health evaluations and services, are not considered routine care and, thus, require separate specific informed consent.

When biological parents retain rights for medical decision-making, legal consent issues may make it difficult for health care professionals to provide timely and appropriate health care services and/or for foster parents to obtain necessary health care for the children in their care. This is of particular concern considering that children in foster care have significant health care needs.

Problem #5:

Lack of Guidance for Foster Care Parents

Lived Experience

"I did not know how to advocate for services or navigate the system…there is a need for more parent training on trauma-informed care."
-Foster Care Mother

- **Parents indicate a need for more specific training for children with special health care needs**
- **Parent training should extend beyond the direct care of foster children and into the challenges in working with the different service systems involved.**

Despite the commitment of foster parents to support the needs of the children in their care, the lack of resources and supports available to them can further impact health care access and outcomes for CWS-involved children. For example, research indicates that foster parents may lack access to the child's health history, be ill-equipped to identify the child's health care issues, be unfamiliar with trauma and and its impact on infant mental health, and/or lack the expertise to access resources and navigate the different service systems involved. [8,20,23]

Today, the **Foster Care Independence Act of 1999** federally mandates that foster parents be trained in the knowledge and skills needed to care for the children who will be in their care and also recommends that foster parents receive ongoing training.[10] However, the policy only provides general guidelines on content and does not specify implementation procedures. Thus, many foster parents may feel inadequately prepared for the tasks of foster parenting even after participating in these programs.

Recommendations

Governor Gavin Newsom's 2019-2020 proposed state budget, which heavily invests in early intervention and mental health care services, could help set the stage for the state of California to address the current gaps in service for the foster care population and ultimately meet the unique needs of foster care children and their families. Below are recommendations that directly align with the state and governor's new health priorities:

Screening Tools

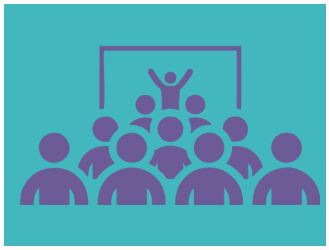
Standardize the application of screening tool(s) and practices for mental health needs and developmental delays to help facilitate communication between agencies, increase detection for potential health needs, and expedite necessary referrals and evaluations.

Opportunities:

1. **The 2019-2020 State of California proposed budget includes:**
   - $60 Million to Promote Developmental Screening of Young Children in Medi-Cal.
   - $45 Million to Promote Trauma/Adverse Childhood Experiences (ACEs) Screening of Children and Adults in Medi-Cal.
2. **The California Department of Social Services and California Department of Health Care Services have both mandated the use of the Child and Adolescent Needs and Strengths assessment tool.**
   - The tool was designed to support decision-making as it identifies actionable needs.
   - Only child welfare, under the California Department of Social Services (CDSS), is required to use the early childhood module (for ages 0-5) and ACEs items.

Specialized Team

Appoint a cross-agency team of professionals in the CWS to conduct ongoing case management and monitor children's health needs through all CWS phases, including the CWS-entry and re-entry, screening, evaluation, referral, and intervention phases in order to enhance the coordination and continuity of care. Close and routine monitoring by this team can help ensure that any developmental, medical, and/or mental health concerns not initially identified during the initial medical exam are promptly recognized so that re-assessments can be performed and the child receives appropriate intervention services.



Mandated Training

Mandate cross-training for all professionals involved in the child's care, including caseworkers, social workers, physicians, legal professionals, and other healthcare workers on the Medical Hub team in order to help them better understand and recognize the unique health care needs of infants and young children in the CWS, particularly the mental health needs of this population.

Support Foster Families

Develop resources, training opportunities, and make supports available to foster families. Given foster families support our most vulnerable children, these resources will help promote families' understanding of trauma and its impact on a child's health, equip families with the skills needed to successfully navigate the different service systems involved in the child's care, and also help families become more familiar with infant and young children mental health services. By supporting foster care families through this process and building their capacity to care for the needs of the children in their care, we can help cultivate a healthier and consistent family unit for these vulnerable children and provide them with the stability they need to achieve positive health outcomes.

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