Medical Care for Children in Foster and Out of Home Placement

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FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

University of Colorado Anschutz Medical Campus

Children's Hospital Color

Objectives

Identify the special needs of children in foster care… and their foster families

Review AAP recommendations regarding medical visits

- Types and frequency
- Screenings

Recognice Barriers/Obstacles to effective medical care

Understand unique issues of “Aging Out” of Foster Care

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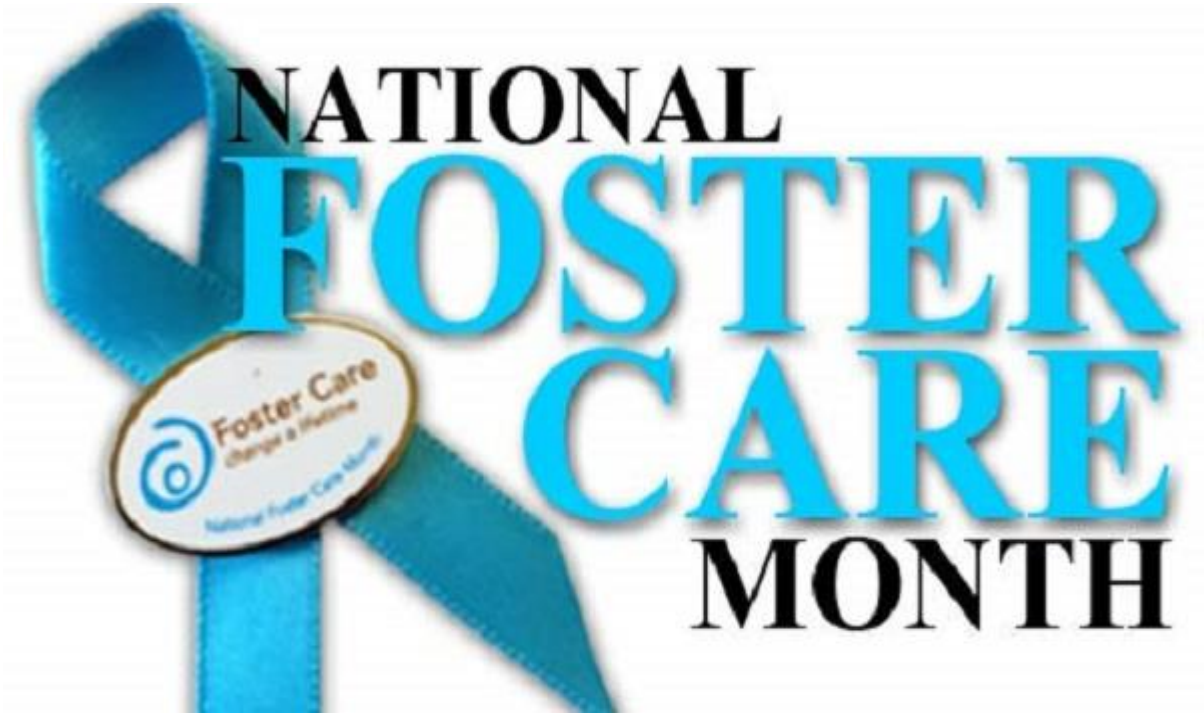
It’s May!!!



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Case #1- Susie Q

8yo female, placed in a 2nd foster home last week after placements with an aunt and a prior foster family. Foster parents report she's been complaining of stomachaches and headaches off and on since they've had her. They don't know much about her past medical history or what prompted her foster/kinship placements.

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Susie Q

Susie tells you she's been to the doctor before, but she cannot remember where or when.

She remembers going to the ED "a lot," but she doesn't remember where.

Foster parents wonder if she has asthma because "she coughs a lot," but she didn't arrive with any medications.

They are worried about how she plays "roughly" with their other children.

They note her caseworker is from Grand County, but they forgot to bring her information.

Case #2- “Baby Boy”

4 mo male placed in foster care two days ago.

Foster mom knows the Douglas County “intake” CW’s name, but not the number.

She thinks neglect and perhaps “drugs” or “DV” prompted the placement.

“Baby Boy”

Foster Mom reports the intake worker noted that he usually has “noisy breathing.”

Foster Mom notes a “caving in his chest.”

She says he’s a “good quiet baby” who “doesn’t really cry” and “doesn’t need to be picked up much.”

On exam, he appears very small and thin (except for his OFC) and has a ~2cm bruise on his cheek.

What to Do Next???
What's Missing Here???

Needs of Children in Foster Care

Up to 60-92% at least 1 chronic health problem

25-40% 3 or more chronic health problems

25-33% fail vision or hearing screens

40% low birth weight or premature

High prevalence of educational issues

Obesity rates up to twice as high as matched peers

30-60% developmental disability

Up to 85% prevalence of mental health disorders

Up to 40% have significant oral health issues

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How Can We Affect Outcomes??

Multidisciplinary Team Based Care!!!

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Patient Care Team

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Visit Frequency Recommendations

Upon placement

Within 30 days of placement

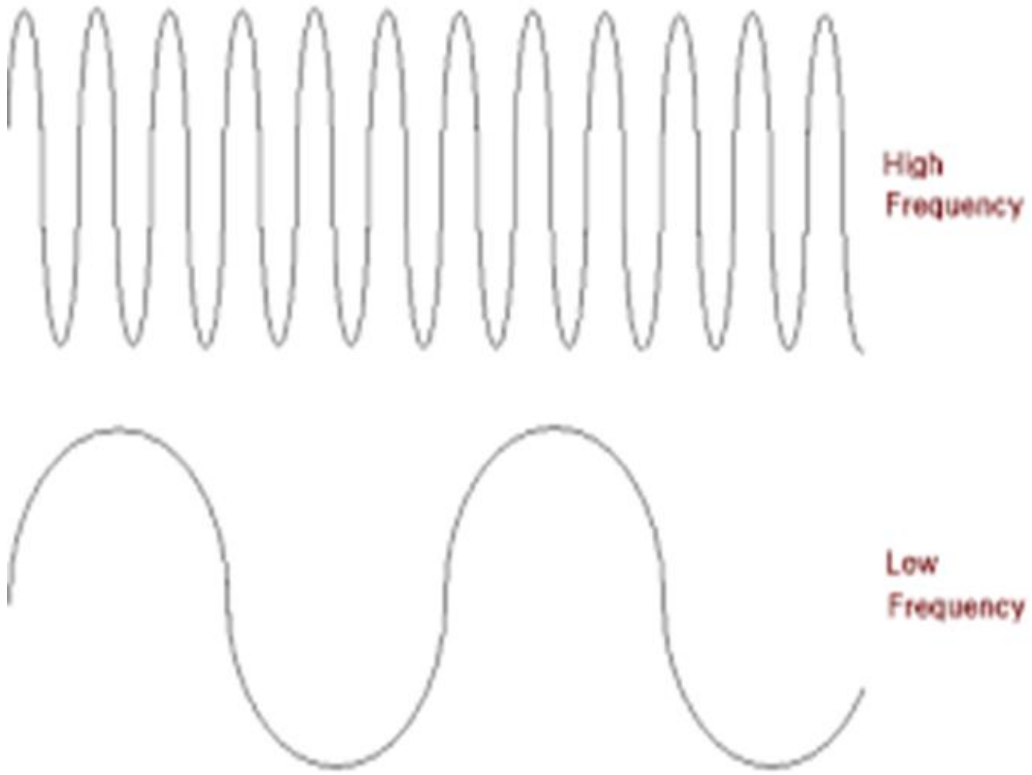
Dental Assessment w/in 1 month

0- 6 months: Monthly

6mo to 2 years: Every 3 months

Over 2yrs: Twice per year

Close prn monitoring for transitions in placement, visitation changes, separation of sibs, etc



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Initial Visit- Initial Health Assessment

NOT a “Well Visit” or physical

AAP recommends within 72 hours of placement (ideally)

- Reality-most agencies here extend that rec up to 14 days

Serves to identify issues requiring prompt attention

- Acute/chronic illnesses, pregnancy, etc.
- Child abuse/neglect, injuries
- Mental/behavioral health issues

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Initial Assessment Components

Review of health information

Review of trauma history

Review of Systems

Complete physical exam

Child abuse screening
- Growth, vitals
- Skin exam
- External genitalia exam

Vision Screening (ideally, hearing also)

Mental health screening
- Suicidality
- Violent behaviors
- Trauma exposure

Adolescent health screening
- Pregnancy testing
- STI screening

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Behavioral Manifestations of Trauma

Effect of chronic stressors on infants
- Apathy, poor feeding, FTT, withdrawal

Acute stressors may result in tantrums, aggression, inattention, withdrawal
- Crying may not occur as expected

Blunted/absent “flight” response
- “ADD” like behaviors

“Freeze” response to stress, PTSD like symptoms
- May be misinterpreted by caregivers as “oppositional” or “defiant”

State regulation and anxiety control dysregulation
- Motor hyperactivity, impulsivity, anxiety, mood swings, sleep problems
- “ADHD” like symptoms

Comprehensive Exam

Recommended within 30 days initial/placement exam

Adjustment to foster home

Behavioral and developmental assessments

Review of medical information not known at intake (if records and additional history is available by then)

Should have also had a dental intake exam by now

Elements of a WCC history

Additional treatments, referrals

Immunization update… if consented

Communication with CW

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Additional History/ROS at Each Visit

Updated CW information

GAL and/or CASA?

- May be easier to contact than the CW

Visitation schedule

- How is the patient during/after visits?
- Do the bio parents consistently show?

Treatment plan and court dates

- May be a huge time of stress for the patient and family

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Labs and Screening Considerations

Validated Developmental, Psychosocial, Behavioral, and Mental Health Screening

Skeletal Survey, head imaging, tox screen???

Targeted infection screening (hepatitis C, hepatitis B, syphilis, HIV, gonorrhea, chlamydia, etc.) based on clinical evaluation and medical history

- Consider sexual abuse/assault history, perinatal exposures

Labs and Screening Considerations

PPD annually for children in congregate care or group homes/placement

Hemoglobin and lead

- May consider at “atypical” times/ages if history of screening not available or known
- ? Infants with history of FTT, poor growth, inadequate nutrition

Anticipatory Guidance

- Adjustment to new home
- Differing expectations between homes
- Grief and loss
- Contact with parents and adjustment to visits
- Trauma behaviors
- Changes/adjustment to school settings
- Interactions with other children in home
- Discipline
- High risk behaviors
- Healthy sexual behaviors/sexual violence

Barriers to Effective Visits

Caseworker information not available

- Or if it is, the CW is unable to be reached at the intake

Foster family doesn't know medical history

Foster family doesn't know complete placement circumstances/trauma history

Missed screening/assessment/diagnostic opportunities and risk identification

Access to prompt BH/MH resources

Consent for imms, procedures

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Information Out- Health Summary

http://www.fostercaretx.com/health-passport/health-passport-forms/

Summary, not equivalent to EMR

Electronic or paper

Follows the child through multiple placements

Most states/agencies have a version – variably useful

- How populated
- Info contained on form
- Approved medications
- How made available, to whom

“I Forgot My Form”

Healthy Foster Care America

HEALTH SUMMARY FORM

Medical Record No. or Stamp

Date:

Child's Name: _____

Date of birth: _____ Date into FC: _____

Current health conditions/issues (acute and chronic): Medications:

Other concerns (home, school, community): _____

Immunizations (administered or provided): Allergies:

Medical Referrals

Where/Who	When	Contact info	Addressing which issue?

Services Recommended

Provider	Contact info	Addressing which need?

Treatment plans: _____

Health care facility: _____

Address: _____

Clinician: _____

Phone: _____

Fax: _____

Additional Comments

Next appointment here:

www.aap.org/fostercare

American Academy of Pediatrics

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Aging Out

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“Aging Out” Outcomes

High rates of mental illness

High rates of chronic health issues

High rates of unemployment and poverty

33-50% lack health insurance

Variable high school completion rates

Low rates of postsecondary education completion

- Only ~1.8% complete Bachelor’s by 25 years of age

Up to 36% are homeless within 1 year of emancipation

How to Help "Aging" Patients

Educate/inform patients regarding eligibility and resources for continued health insurance

Facilitate transition and navigation of adult healthcare system

- Identification of and link to new PCP, dental services, mental health, and reproductive health
- Help transfer records and handoff communication
- Empower youth to prioritize knowledge/understanding of their ongoing health needs and diagnoses

Collaborate with caseworkers to help plan transition from child welfare

Questions??

Resources

AAP Healthy Foster Care America. https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/default.aspx

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American Academy of Pediatrics (2013). Helping Foster And Adoptive Families Cope with Trauma. Available at: http://www.aap.org/en-us/advocacy-and-policy/aap-health- initiatives/healthy-foster-care-america/Pages/Trauma-Guide

Resources

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THANK YOU!

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