



Ensure Children Entering Foster Care Receive Timely Health Care

Background

With complex histories of abuse, neglect, and trauma, children in foster care need early connection to medical and mental health services. Texas must ensure children receive an initial health exam within 72 hours of entering foster care to facilitate the utmost safety and health for the state’s most vulnerable children.

In 2015, over 17,000 children were removed from their homes by the Texas Department of Family and Protective Services (DFPS).ⁱ The lives of children entering foster care are most often characterized by adverse childhood events such as domestic violence and maltreatment that are known to result in long-term negative outcomes.ⁱⁱ Consequently, these children frequently present with complex physical, behavioral, and developmental issues that are rooted in their histories of trauma. Per a recent study, children in foster care are twice as likely as their counterparts to experience developmental delays, asthma, and obesity. The same study found that these children are five times more likely to have anxiety and seven times more likely to have depression.ⁱⁱⁱ Timely health assessment and intervention are crucial in identifying and managing the complex medical, developmental, and behavioral health needs of children and adolescents entering foster care.

The American Academy of Pediatrics (AAP) recommends that children undergo an initial health exam within 72 hours of entering care,^{iv} but the window of time for exam varies from state to state. In Texas, the earliest most children entering foster care must be seen is within 30 days, a timespan in which any number of physical, developmental, or mental health conditions may go undiagnosed or unaddressed, resulting in unnecessary complications and inappropriate, delayed or disrupted foster care placement.

Carla was three weeks into care when she was first seen by a physician. This was her first visit with a medical or mental health professional since her removal from the home. She had a long personal history of depression, self-harm, and suicide attempts as well as an extensive family history of mental illness and substance abuse. Her mental health screen revealed current suicidal ideation. Upon further questioning, the physician learned that Carla not only had a plan, but had actually attempted suicide two days prior. She had fortunately been interrupted when another child entered the room. The

physician immediately admitted Carla to a local inpatient psychiatric facility where she became stable and plans for psychiatric and therapeutic follow-up were made. Had Carla received an initial exam within 72 hours, her near death experience and need for inpatient stabilization could have been prevented.

This is a familiar narrative for children entering foster care. Children who enter state conservatorship are less likely than their non-foster care peers to receive routine preventative health care,^v making the initial health exam all the more crucial. The proposed initial health exam would serve to identify and treat medical, mental health and developmental conditions from the outset, giving children a better chance at overall safety and wellbeing and increasing the likelihood of success in their foster care placement.

Foster Care Health Care in Texas

The responsibility for ensuring children receive comprehensive medical care falls to many. Establishing an early relationship with a physician helps to ensure the physical and mental health needs of children entering foster care remain a priority.

Nationwide, youth in foster care have access to Medicaid health insurance coverage. Though Medicaid is funded jointly between the federal government and each state, responsibility for providing health care services falls to the state. Health care for children in foster care is unique in that it is a shared responsibility across multiple entities within the state.

Once the child enters foster care, he or she is in the managing conservatorship of DFPS. On the health care side, the Texas Health and Human Services Commission (HHSC) oversees the child's Medicaid benefits. At a high level, the two state agencies are responsible for ensuring each child receives developmentally appropriate health care services.

Under DFPS, A Child Protective Services (CPS) caseworker is assigned to coordinate the service needs of each child. DFPS also contracts with Child Placing Agencies (CPAs) that match children with appropriate foster care placements. CPS, CPAs and the foster parents or placement staff work together to ensure the child receives necessary services and supports.^{vi}

HHSC contracts with a single, statewide managed care organization (MCO) to provide Medicaid coverage to foster care youth under STAR Health, a Medicaid managed care program. As is required by federal law, all children under age 21 who are enrolled in Medicaid receive an Early and Periodic, Diagnosis, and Treatment (EPSDT) exam – sometimes referred to as a well-child exam.^{vii} In Texas, the EPSDT program is referred to as Texas Health Steps and includes a series of medical checkups that follow a periodicity schedule to monitor the overall physical and mental health and development of the child.

In short, DFPS, HHSC, Child Placing Agencies, Managed Care Organizations, and residential and medical service providers each play a role in ensuring children receive a comprehensive well-child exam within 30 days of entering conservatorship.

Recently, it has been reported that the 30-day Texas Health Steps exam requirement for children entering care is being met only about half of the time. State agencies and lawmakers have prioritized an increase in compliance with this requirement. As was mentioned in the Senate Committee on Health and Human Services' Interim Report to the 85th Legislature, DFPS and HHSC have developed a strategic plan to raise compliance to 90% by the end of fiscal year 2017.^{viii}

The proposed initial health exam would assist in this effort to reach compliance by establishing an early connection with a physician who would not only identify any existing medical or behavioral health needs, but also recommend the 30-day Texas Health Steps exam as follow-up.

Texas Pediatric Society Recommendation

The initial health exam is the national standard of care for children entering care. The Texas Pediatric Society urges Texas to meet national health care standards for children in foster care.

Following national standards, Texas Pediatric Society (TPS), the Texas chapter of the AAP, recommends all children entering foster care undergo an initial health exam within 72 hours of entering DFPS conservatorship, with the exception of children who are already receiving such medical treatment, such as those who need immediate medical attention.

Following the initial health exam, the TPS recommends continuation of the current requirement for a comprehensive Texas Health Steps visit within 30 days of entering care.

According to the AAP and Child Welfare League of America's (CWLA) health care standards for children in foster care, children should receive an initial health exam within 72 hours in order to:^{ix}

- Assess for signs and symptoms of child abuse and neglect;
- Assess for presence of acute and chronic illness;
- Assess for signs of acute or severe mental health problems;
- Monitor adjustment to foster care;
- Ensure a child has all necessary medical equipment and medication; and
- Support and educate parents (foster and birth) and kin.

Exam Components – A side by side look at the initial health exam and the Texas Health Steps comprehensive exam.

To give an overview, the initial health exam aims to identify any urgent physical or mental health needs and any acute or chronic health conditions of which the CPS caseworker, foster parent or placement agency should be aware. The Texas Health Steps exam takes a more comprehensive and long-term look at the overall health and development of a child. The table below depicts the specific components of each exam.

Component	Initial Health Exam	THSteps Exam
Child abuse/neglect/trauma and general health medical evaluation	Yes, based on history	No
History regarding general wellness	No	Yes
Vitals, H/V, Full physical exam	Yes (H/V if appropriate)	Yes
Assessment of acute medical needs (infection, injury, pain, untreated medical condition)	Yes	No (provider discretion; billed as separate added component)
Behavioral health exam	No	Yes (based on Federal/State requirements)
Developmental health exam	No	Yes (based on Federal/State requirements)
Behavior health assessment of major needs	Yes	Yes
Developmental health assessment of major needs	Yes	Yes
Acute management of new or chronic disease/disability	Yes	No
Infectious disease exams	Yes: TB test, HIV, syphilis, Hepatitis C, B, chlamydia/gonorrhea in adolescents; Based on risk of abuse/neglect, timing, AAP standards, and provider assessment	Yes: TB questionnaire, chlamydia/gonorrhea in adolescents Based on Federal, EPSDT guidelines, and provider assessment
Chronic disease laboratory exams	Yes: anemia, lead, newborn screen, pregnancy others if appropriately timed	Yes: cholesterol, anemia, lead Based on Federal and EPST guidelines
Immunizations	If appropriately timed	Yes, if due
Trauma-informed care parenting guidance and patient support	Yes	No, provider discretion
Prevention education*	Limited/targeted	Yes
Adolescent risk behavior assessment	Yes	Yes
Adolescent wellness/contraception care	Yes	Yes
Follow-up	Approximately 30 days or sooner based on need	Based on need; if healthy, annually over age of 3

* injury prevention, sun safety, outdoor safety, education/literacy, peers, safety, positive parenting, nutrition, activity, media, drug/alcohol /tobacco use, domestic/dating violence, family support, mild illness management, violence prevention, etc.

Considerations for Implementation

With histories of high medical and behavioral health needs, initial health exams for children entering foster care should be an absolute priority.

While there may be an increase in medical service utilization of children entering foster care with the adoption of this initial health exam, the long-term benefits of early diagnosis and treatment are paramount. It is difficult to measure the cost of medical or mental health conditions that may go unnoticed and worsen if a child goes without an initial health exam, but cost aversions for unnecessary emergency room and urgent care visits and decreased instances of placement failure and disruption are important to consider.

Additionally, when considering costs, it is important to note that a segment of foster care children already undergo an initial health screen within 72 hours of removal, including children who:

- Are seen immediately by a health care professional when symptoms of child abuse or illness are present;^x
- Enter foster care from inpatient treatment settings;
- Are seen by a child abuse specialist or team at the time of removal; and
- Are placed in emergency shelters (which have a 72-hour initial health exam rule).^{xi}

*Note that the risk to children if this rule is violated is listed as “high” in the DFPS Minimum Standards for General Residential Operations

The goal of requiring an initial health exam within 72 hours of removal from the home is to afford all children entering care with the same opportunity to address their physical and mental health needs.

Additional administrative costs to the CPS would be minimal. Foster care parents and/or medical consenters will be expected to accompany the child to this initial health exam as currently required in CPS contracts with foster families. CPS caseworker time will be limited to certain cases in which a child’s guardian or medical consentor is not yet decided upon or is unable to accompany the child to this appointment.

TPS is aware of the many tasks CPS caseworkers and foster parents take on to ensure a child’s needs are met when they first enter care. The timeliness of this exam is crucial in ensuring that this population of children with historically high health care needs not only enter their schools and placements in good health, but also pose no public health risk to other children in their respective schools and placements. Several states have already implemented an initial health exam with requirements ranging from within the first 24 hours to the first week after removal from the home.^{xii}

HHSC has agreed to pilot this initial health exam in two Texas regions beginning in January 2017. This pilot will allow the agency to work through any operational issues while the legislature appropriates funding for statewide implementation.

