



Improve the Medical Care Provided to Children in Foster Care

The Children's Hospital Association of Texas (CHAT) advocates for:

- Texas children to receive an initial health screening exam within 72 hours of entering foster care.
- A state-funded Child Protective Services (CPS) worker to be placed in children's hospitals and/or specialty foster care clinics to avoid placement disruptions and lengthy hospital stays beyond days that are medically necessary.

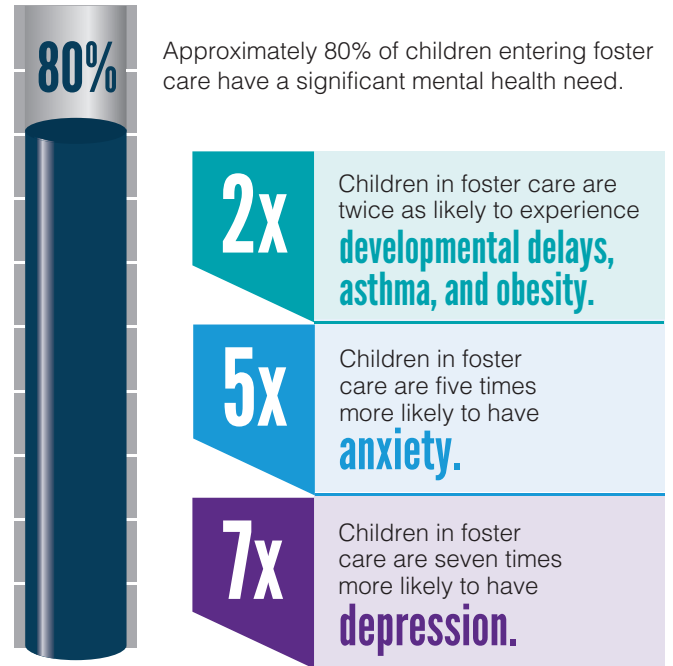
Background

In 2014, more than 17,000 children entered foster care in Texas. Typically, children in foster care have a complex history of abuse, neglect, and trauma, and need an early connection to medical and mental health services.

The American Academy of Pediatrics and the Texas Pediatric Society recommend that children undergo an initial health screening exam within 72 hours of entering foster care to identify and address significant health concerns.

Currently, the earliest that most children entering foster care in Texas must be seen by a physician is within 30 days of entering state conservatorship. During this month, any number of physical, developmental, and mental health conditions may go undiagnosed or unaddressed, resulting in poorer outcomes for children as well as inappropriate, delayed or disrupted foster care placement. It has also been reported that foster care children receive this initial exam within the first 30 days **only about half of the time**.

Placing CPS workers in children's hospitals and clinics that provide a comprehensive array of services designed for children in foster care will avoid unnecessary days in the hospital and help ensure proper placement of children.



A CPS worker in the hospital could:

- **Reduce hospital stays.** A pilot program showed avoidable days in the hospital were reduced by 35% over a two-year period without an increase in preventable readmissions.
- **Provide more in-home support.** A CPS liaison would communicate treatment plans to foster care parents and ensure a smooth transition to home care.
- **Reduce costs.** The pilot demonstrated that children had shorter stays in the hospital. The most notable improvements were in high-cost areas like the Neonatal Intensive Care Unit.
- **Reduce disrupted placements.** Every placement disruption re-traumatizes a child and incurs additional costs.

The Children's Hospital Association of Texas (CHAT) represents eight non-profit children's hospitals in Texas: Children's Health (Dallas), Children's Hospital of San Antonio (San Antonio), Cook Children's Health Care System (Fort Worth), Covenant Children's Hospital (Lubbock), Dell Children's Medical Center of Central Texas (Austin), Driscoll Children's Hospital (Corpus Christi), El Paso Children's Hospital (El Paso), and Texas Children's Hospital (Houston). CHAT's mission is to advance children's health and well-being by advocating for policies and funding that promote children's access to high-quality, comprehensive health care. www.CHATexas.com.