

# Caring for Children in Foster Care

## Navigating Support Systems

Heather Forkey, MD

April 22, 2019



### Learning objectives

- Identify reasons children are placed into foster care and describe how these circumstances may present as physical or behavioral problems.
- Describe the impact of trauma on children in the foster care system.
- Explain how managed care organizations (MCOs) become involved with children entering foster care and how they interact with and support providers, foster parents and case workers.
- Explain the importance of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits; and why coordinating with a primary care physician is critical to the success of a child in foster care.

Maggie said the only thing that bothered her were the stomach aches....



Maggie had  
seen docs that

- Had no medical records for her
- Were in emergency departments (EDs) because she didn't have ongoing care
- Had no adult to discuss her history with
- May have expected her to have mental health (MH) and somatic symptoms
- Did cursory rather than complete exams
- Had no one to give her workup results to

# What is needed?

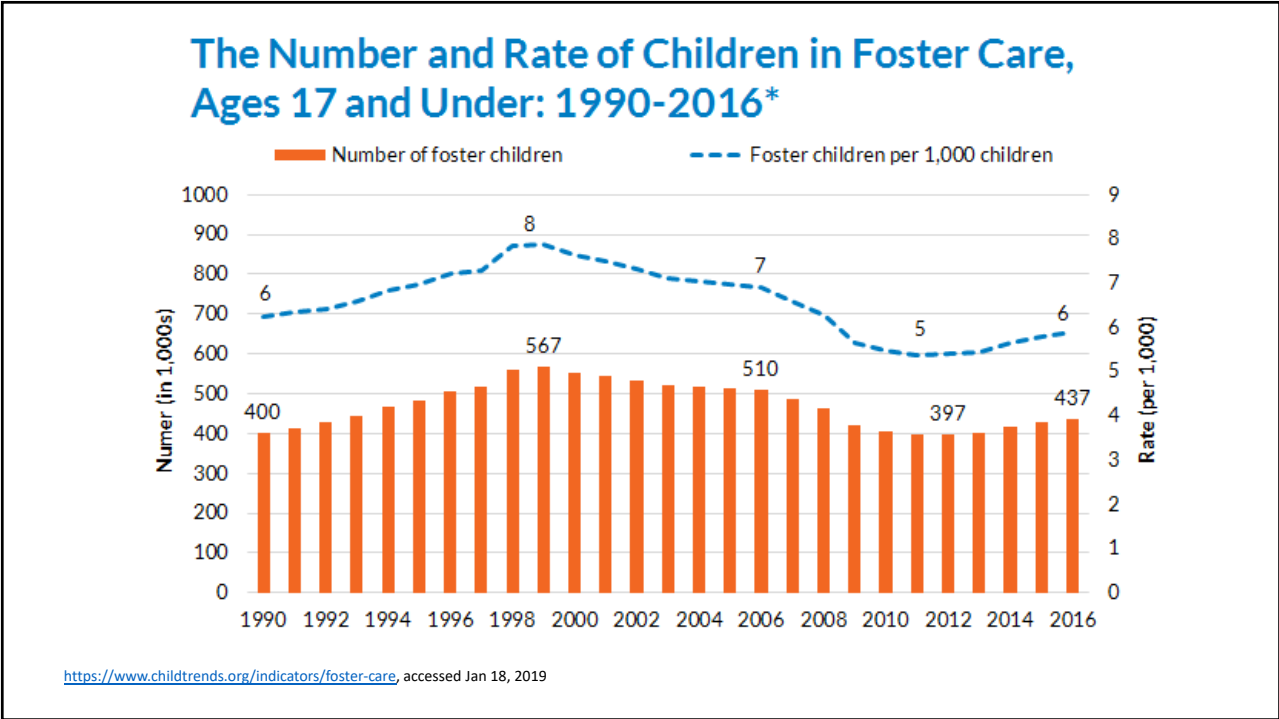


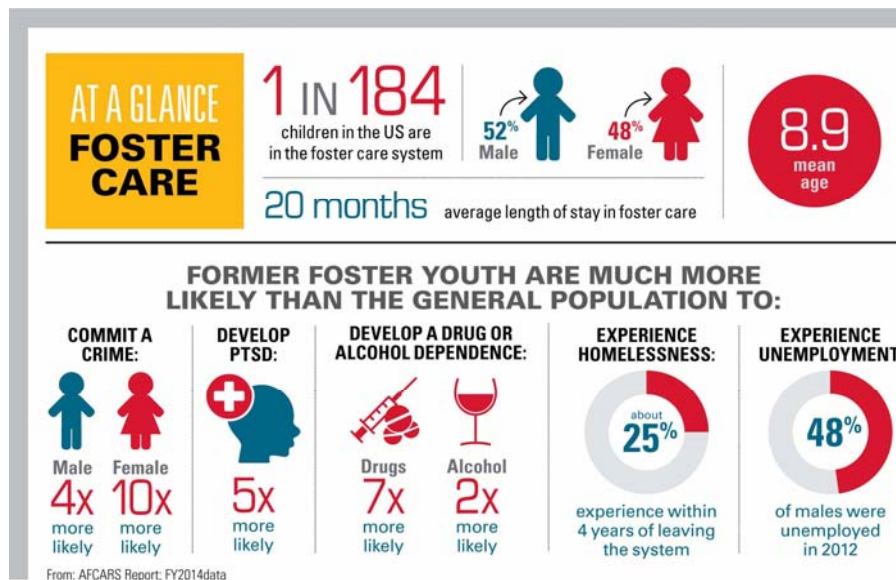
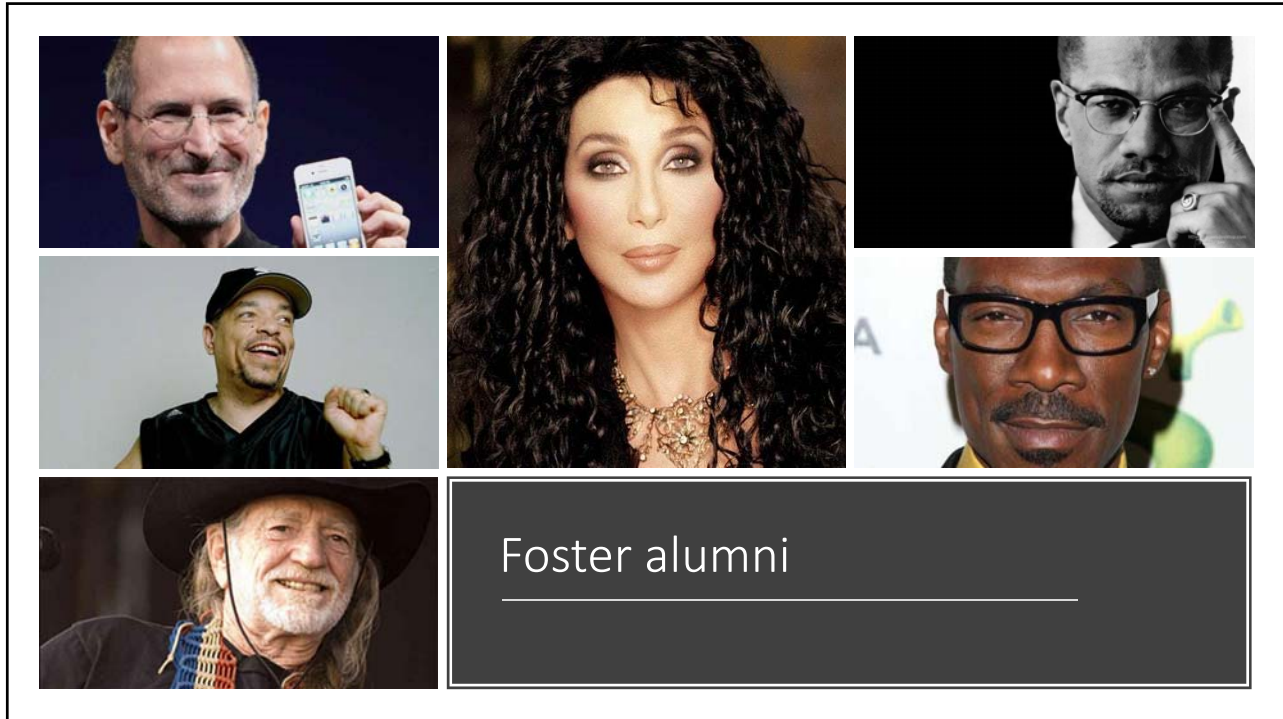
## Overview: INSIGHT

- Identify – who are kids in foster care
- Needs, exposures of kids in foster care
- Synchronization – Coordination amongst systems
- Information exchange/records
- Getting there – access issues
- Health evaluation – components which are needed
- Trauma – often the biggest issue

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## Needs

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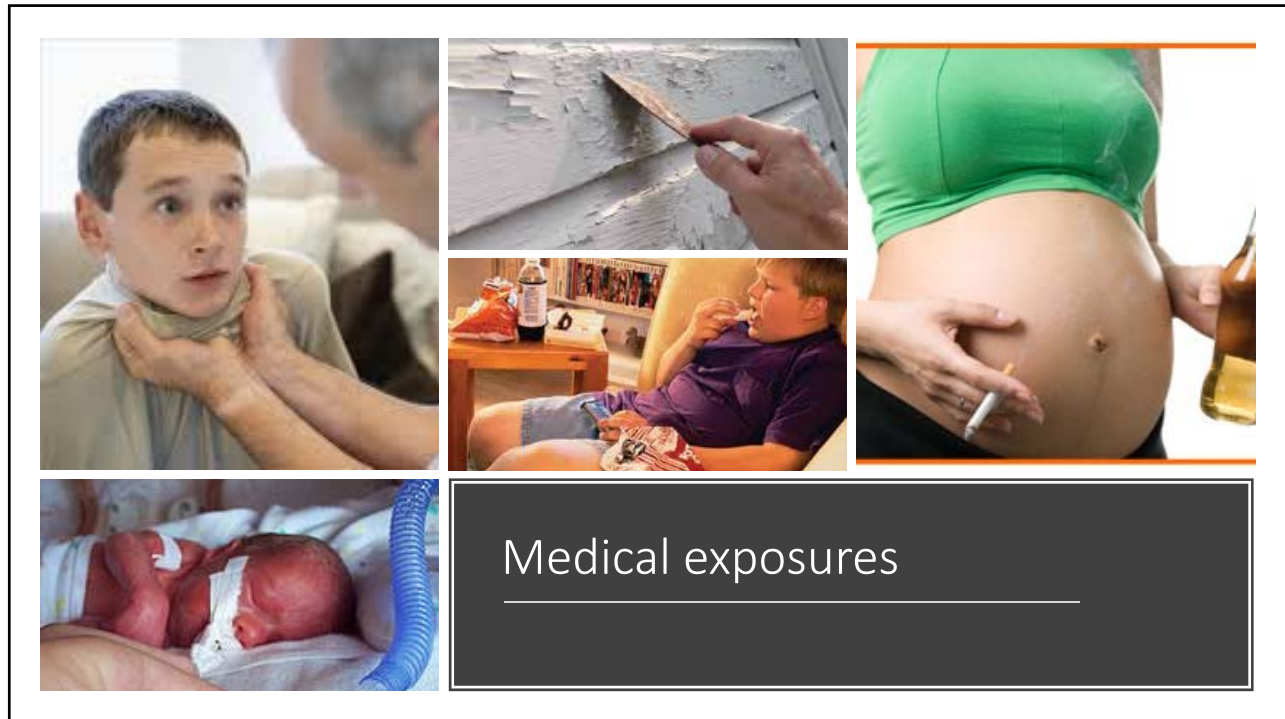
## Needs: Children in foster care

- Up to 60-92% have at least one chronic health problem
- 25-40% have 3 or more chronic health problems
- 25-33% fail vision or hearing screens
- 40% had low cognitive ability
- Obesity rates up to 30% compared to peers
- 30-60% have developmental delays
- Up to 85% prevalence of mental health disorders

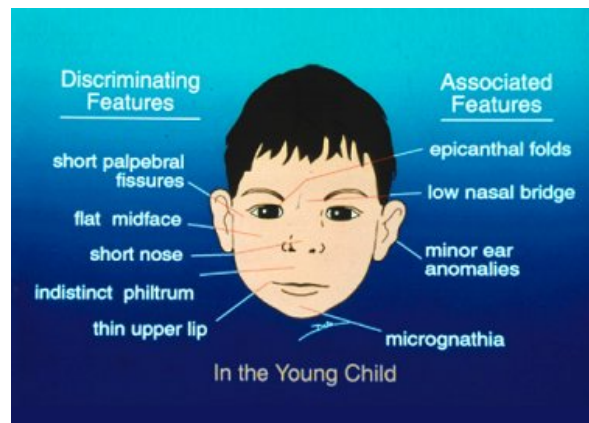


Children come to foster  
care

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FASD or neonatal drug exposure as complicating factor



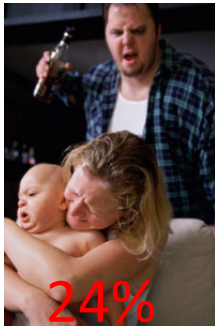


## Parental substance abuse and mental health issues

- 60% of birth parents are alcoholics
- 54% have substance abuse issues
- 46% have MH concerns




## Loss and violence exposure



**My life crammed into a plastic bag**

- faded photographs of other people
- every letter I had ever received
- mismatched holey socks
- dimestore tennies
- highwater jeans
- a tattered bible
- art supplies
- my pride
- hope



**The official luggage of the foster care system**

Trauma of placement

## Physical health

- Health does not necessarily improve once kids placed in foster care





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## Synchronization— coordination

Contact at child welfare office,  
and protocol to have reports and  
follow up plan



**Contact Person**



**coordination**

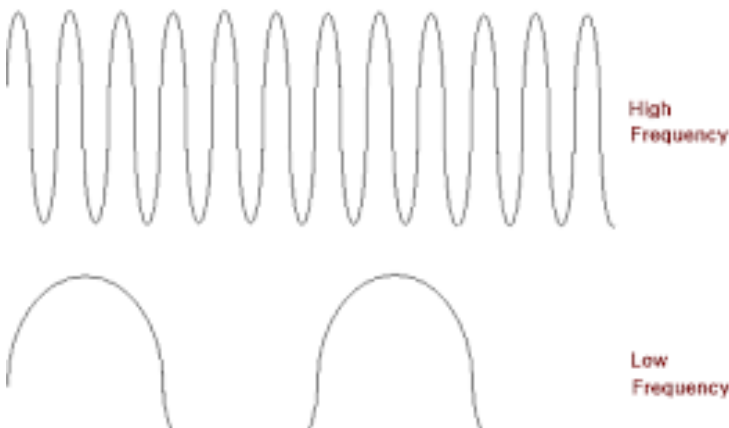
## Synchronization :

- In addition to child welfare, there is coordination with medical, mental health, early intervention, school, court

# Synchronization: Templates

- Templates for exams of various types
  - Initial
  - Comprehensive
  - Follow up

AAP, Healthy Foster Care America., [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/HFCA\\_Health\\_Formr.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/HFCA_Health_Formr.pdf)



Synchronization : Follow up visits more frequent schedule

- 0- 6 months: Monthly
- 6mo to 2 years: Every 3 months
- Over 2: Twice per year

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Information management – how to get information about patient, how to share it with various stakeholders

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## Routine:

Interact with family to share medical information BUT foster children come without medical memory

Information  
exchange:  
Medical  
memory,  
MCO role



# Information in

Contact at child welfare office, or protocol to have referrals made

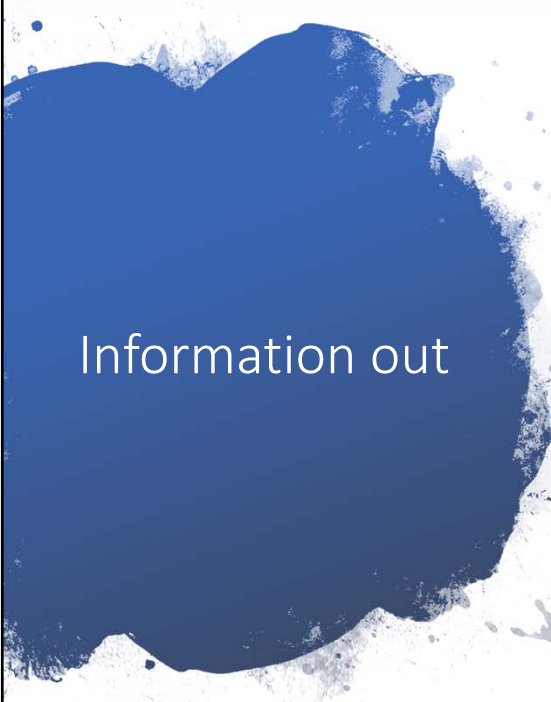


**Contact Person**

## Information in

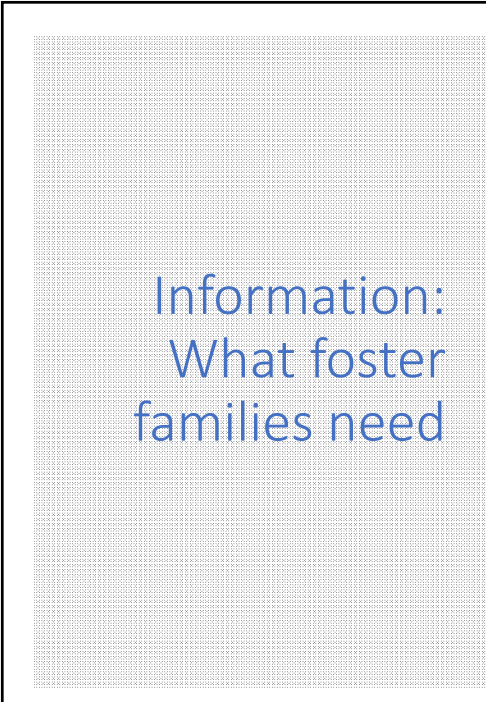
- Child welfare support to connect to medical providers: varies
  - None
  - Care coordinators from child welfare or from contracted agencies
  - Nurse coordinator (UT)
  - State administered, dedicated insurance (TX)
  - Role of medical social workers in MA





Information out

- Need processes for communication – standardized communication system, MCO can support this
  - Health passport
  - Medical evaluation summary
  - EMR
- Consider WHO needs the information, and in what form



Information:  
What foster families need

- Foster parents frustrated by:
  - Lack of medical information on children in their care
  - Unique medical and behavioral health issues of children in foster care
  - Having to gather info themselves
  - Lack of support with health needs – fighting for things that should be automatic, safety of children with health needs

(Greiner, Ross et al. 2015, )

# Information – What is required

- Releases – consents
  - State and county rules about who to share info with, what is needed to get info



CARE AND PROTECTION  
 TEMPORARY MITTIMUS  
 DSS

DOCKET NUMBER: CP 05W0110

COMMONWEALTH OF MASSACHUSETTS

Juvenile Court Department  
 Worcester County Division  
 1 Highland Street  
 Worcester, MA 01605

TO THE DEPARTMENT OF SOCIAL SERVICES, OR ANY INDIVIDUAL OR AGENCY DESIGNATED BY THE COURT, OR THE SHERIFF, HIS DEPUTIES, OR ANY POLICE OFFICER WITHIN THE COMMONWEALTH, OR ANY CONSTABLE, OR ANY COURT OFFICER.

Whereas upon the petition of \_\_\_\_\_ alleging on behalf of \_\_\_\_\_

NA  
 .....  
 NA 0

a child under the age of eighteen years, within the jurisdiction of this Court, that said child is in need of care and protection, and the child was taken into custody upon a lawful precept and/or brought before this Court; and,

Whereas the petition has been continued for further hearing;

It is therefore ORDERED that the child be committed to THE DEPARTMENT OF SOCIAL SERVICES until 11/16/05 pending said further hearing on said petition.

The court certifies that the continuation of the child in his/her home is contrary to his/her best interests.

WHEREFORE YOU ARE COMMANDED TO FORTHWITH DELIVER SAID CHILD INTO THE CUSTODY OF THE SAID DEPARTMENT.

## Information – issues of confidentiality

- Confidentiality concerns
  - Parent's health history is confidential (parent can give it him/herself), but questions about HIV and TB **risk factors to child** are reasonable
  - **Caregivers** (child welfare, foster parent or medical providers) generally should be given access to **all health information for children in their care** - need to have information to provide care (exceptions for HIV and reproductive health issues)
  - HIPPA rules impact who can share information with you, what documentation you need to get it

For Maggie we had a release from child welfare, got information from last medical provider, AND referral with info on reasons for placement





With release, records from 3 EDs: 2 US, 1 CT and 1 MRI of abdomen.  
 Immunizations from school

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Getting care

## Guidelines:

- Initial (screening) visit within 24 hours to 7d.
- AAP – 72 hrs

Scheduling

Transportation



Recommended kids seen before 7 days  
post placement for screening



## Getting access - scheduling



## Getting access: Transportation issues

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Maggie had not seen a primary doc since age 11, care had been in EDs when pain got severe over the past 3 years

## Overview: IN SIGHT

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When I told her we needed to do a full check up, Maggie asked me not to – she was uncomfortable

### Elements of Evaluations: Francine Cournos experience

“The morning of my placement into foster care I first went to (the headquarters of the foster care agency) to have a physical examination, and, I imagined, do whatever else must be done to transform me into a foster child. I had trouble believing it was happening. I was a horse and they were checking my hooves and teeth. I saw myself being sold into slavery. Before I could go to the foster home, they had to examine me for defects and diseases. I wondered what they would do if they found any.”

Cournos, F. (2006) City of One.





## Foster care health guidelines

- Foster care health guidelines established by expert consensus:
  - AAP District II Task Force on Health Care for Children in Foster Care. (2005). Fostering Health
  - AAP Healthy Foster Care America
  - New York State: Working Together: Health Services for Children in Foster Care [http://ocfs.ny.gov/main/sppd/health\\_services/manual.asp](http://ocfs.ny.gov/main/sppd/health_services/manual.asp)
  - AAP Technical Report: Szilagyi, M et al. Health Care Issues for Children and Adolescents in Foster Care and Kinship Care (2015)
- Empirical data still lacking

## EPSDT: Medicaid coverage for children, PCP critical

- Early Periodic Screening, Detection and Treatment – crucial for children in foster care
- Covers:
  - Medical needs including preexisting conditions
  - Dental needs
  - Vision
  - Hearing
  - Mental health



# EPSDT

Early	Assessing and identifying problems early
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
Diagnosis	Performing diagnostic tests to follow up when a risk is identified
Treatment	Controlling, correcting, or reducing health problems found

## Health Evaluations: Initial within 72 hours of placement

- Vitals (including BP >3) height, weight
- Signs of abuse or neglect
- Active medical/psychiatric problems: illness, injury, disability
- Developmental and MH screening
- Medications
- Allergies to foods, meds, environment
- Upcoming medical appointments
- Need for eyeglasses, hearing aids, or other DME
- Infant: delivery history (where, when, how, tox screening, complications)

## Exam for acute trauma

(physical and emotional)



Steele JS, Buchi KF. Medical and Mental Health of Children Entering the Utah Foster Care System. *Pediatrics*. 2008;122(3):e703-e709.25.  
 Halfon N, Mendonca A, Berkowitz G. Health status of children in foster care. The experience of the Center for the Vulnerable Child. *Archives of Pediatrics & Adolescent Medicine*.  
 Apr 1995;149(4):386-392.

## Common issues



Evaluations: Substance exposure

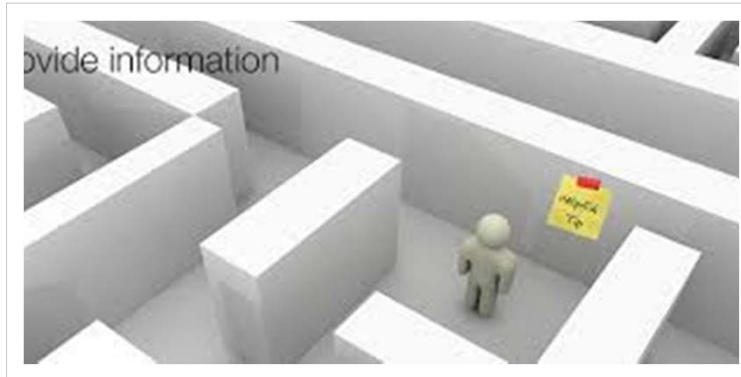
- Maternal substance
  - Fetal Alcohol Syndrome/Alcohol Related Neurodevelopmental Disorder
  - Cocaine exposure
  - Opiate exposure
  - Methamphetamine exposure
- Newborn screen info



Medications:  
Children often  
don't have  
prescriptions,  
foster families  
don't know  
about  
medications



Durable Medical Equipment




Initial evaluations provide first information to foster families, identify medical resource


### Health Evaluations: Comprehensive Evaluation within 30-45 days of placement

- Medical
- Developmental/academic
- Dental
- Substance abuse
- Mental health





Physicals need to be complete, history not available to direct or limit exam



Takayama JI, Wolfe E, Coulter KP. Relationship between reason for placement and medical findings among children in foster care. *Pediatrics*. Feb 1998;101(2):201-207.

# Evaluations: Developmental



Jee SH, Conn KM, Nilsen WJ, Szilagyi MA, Forbes-Jones E, Halterman JS. Learning difficulties among children separated from a parent. *Ambulatory Pediatrics*. May-Jun 2008;8(3):163-168.

**M-CHAT**

**ASQ:SE**  
Ages & Stages  
Questionnaires  
Social-Emotional  
An Introduction to ASQ:SE  
Ages & Stages Questionnaires®: Social-Emotional

**Survey of Well-being of Young Children**  
Behavior Emotion  
Development  
Family Risk Factors  
SWYC

**PEDS RESPONSE FORM**

Evaluations: Developmental screening tools need to be standard for this population





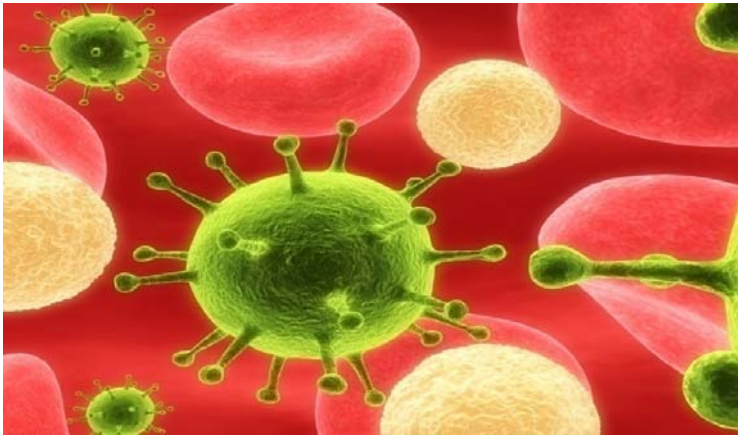
## Evaluations: Dental

## Evaluations: Substance abuse

• ?



- C** Have you ever ridden in a *car* driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to *relax*, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, *alone*?
- F** Do you ever *forget* things you did while using alcohol or drugs?
- F** Do your family or *friends* ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into *trouble* while you were using alcohol or drugs?



## Evaluations: Laboratory studies needed

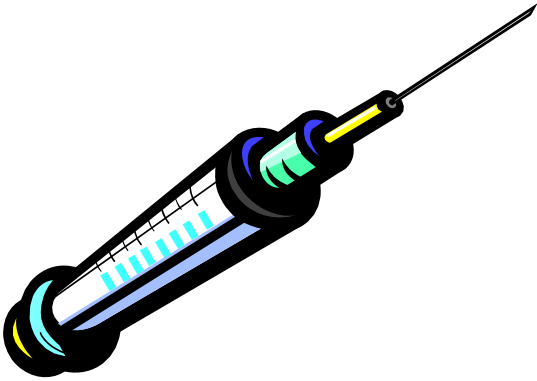
### Laboratory Exams

#### Routine

- CBC – Anemia concerns
- PPD or IGRA -high risk for TB
- Lead (<6 and if gunshot wound)


### Laboratory issues

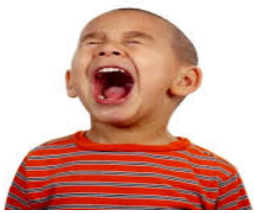
- To consider if risk factors present: Vertical transmission or exposure thru sexual abuse
  - HIV: Fourth generation Ag/Ab testing available now
  - Hepatitis B, C
  - Syphilis
  - Urine testing – GC, chlamydia, trichomonas
- Appropriate to risk
  - Pregnancy
  - Lipids
  - Hgb A1C




## Physical Health: Addressing needs

- **Immunizations:**
  - Tdap
  - HPV
  - Meningococcal
  - Influenza
  - Second varicella
  - Rotavirus
  - Pneumococcal
  - Hepatitis A





**Figure 8-2: Alternative uses for classes of psychiatric medications**



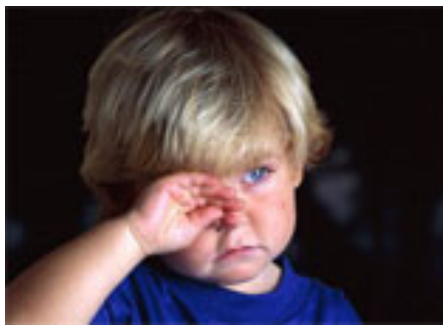
Mood	Antidepressants
Anxiety	Stabilizers
Sleep	Anti-anxiety
Psychotic	Psychotics
Eating	
Substance Use	

Raghavan R, McMillen JC. Use of multiple psychotropic medications among adolescents aging out of foster care. *Psychiatric Services*. Sep 2008;59(9):1052-1055.  
 Zito JM, Safer DJ, Sai D, et al. Psychotropic medication patterns among youth in foster care. *Pediatrics*. Jan 2008;121(1):e157-163.





Relationships with bio family, missing siblings, lack of involvement in normalizing activities are issues

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Health Evaluations: Anticipatory guidance is different –visits with families, missing siblings, lack of involvement in activities

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Good Night Routine!

-  Bath
-  Pajamas
-  Snack
-  Brush Teeth
-  Go Potty
-  Read Stories in Bed
-  Prayers

Sweet Dreams! © @SPAZZY.com

## Health Evaluation: Attention to visits with bio parents



Health Evaluations: Court dates are times of stress and knowing the basics of court procedure is useful



Maggie reported that she had not been getting a period

Increased risk factors for high risk sexual activity



Ahrens KM et al., Laboratory-diagnosed sexually transmitted infections in former foster youth compared with peers, *Pediatrics*, 2010, 126(1):97-103



## Pregnancy concerns

- Nearly half the women in foster care (48.2%) have been pregnant, compared to 20% of women not in foster care
- Those in foster care are 2.5 times more likely to be pregnant than their peers not in foster care
- 46% of those who have been in foster care have gone on to a second pregnancy compared to 29% of their peers outside the system

Dworsky A and Courtney ME, The risk of teenage pregnancy among transitioning foster youth: implications for extending state care beyond age 18, *Children and Youth Services Review*, 2010, 32(10):1351–1356

James S et al., Sexual risk behaviors among youth in the child welfare system, *Children and Youth Services Review*, 2009, 31(9):990–1000.

## Concerns extend to CSEC

Did you know?

70-90% OF CHILD VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION HAVE A HISTORY OF SEXUAL ABUSE

GEMS  
www.gems.org

In 2013,

60%

OF THE CHILD SEX TRAFFICKING VICTIMS RECOVERED AS A PART OF AN FBI NATIONWIDE RAID FROM OVER 70 CITIES WERE CHILDREN FROM FOSTER CARE OR GROUP HOMES.

Source: Carrie Johnson, Michael Martin & Melissa Saville Starr, NHR, "Finding and Stopping Child Sex Trafficking" (August 1, 2013)







Health Evaluations: Health education for foster parents and teens

- Strength based
- Focus on teen, not just on others in room

Maggie had a physical and her diagnosis was made.



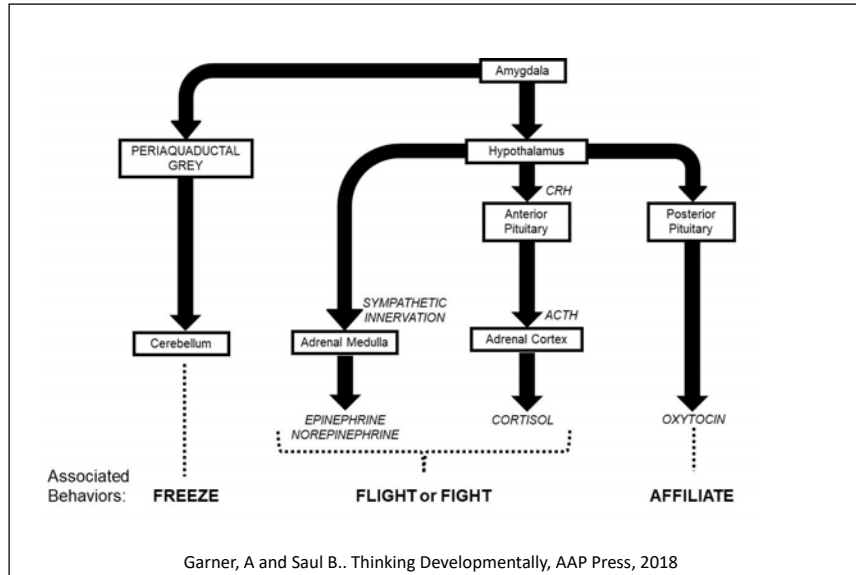
Within a  
month,  
Maggie's  
stomach pain  
returned,  
and...

- Sleep problems continued
- School wanted ADHD medication for her
- More aggression issues

Overview: IN  
SIGHT

- Information – literature, guidelines for care of children in foster care
- **Needs**, exposures of kids in foster care
- **Synchronization** – Coordination amongst systems
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- **Getting there** – access issues
- **Health evaluation** – components which are needed
- **Trauma** – often the biggest issue

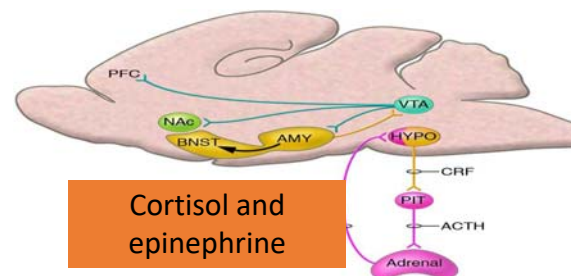
Maggie had started visits with her mother...



## Neurobiology of Trauma

### Hypothalamic-Pituitary-Adrenal Axis (HPA)

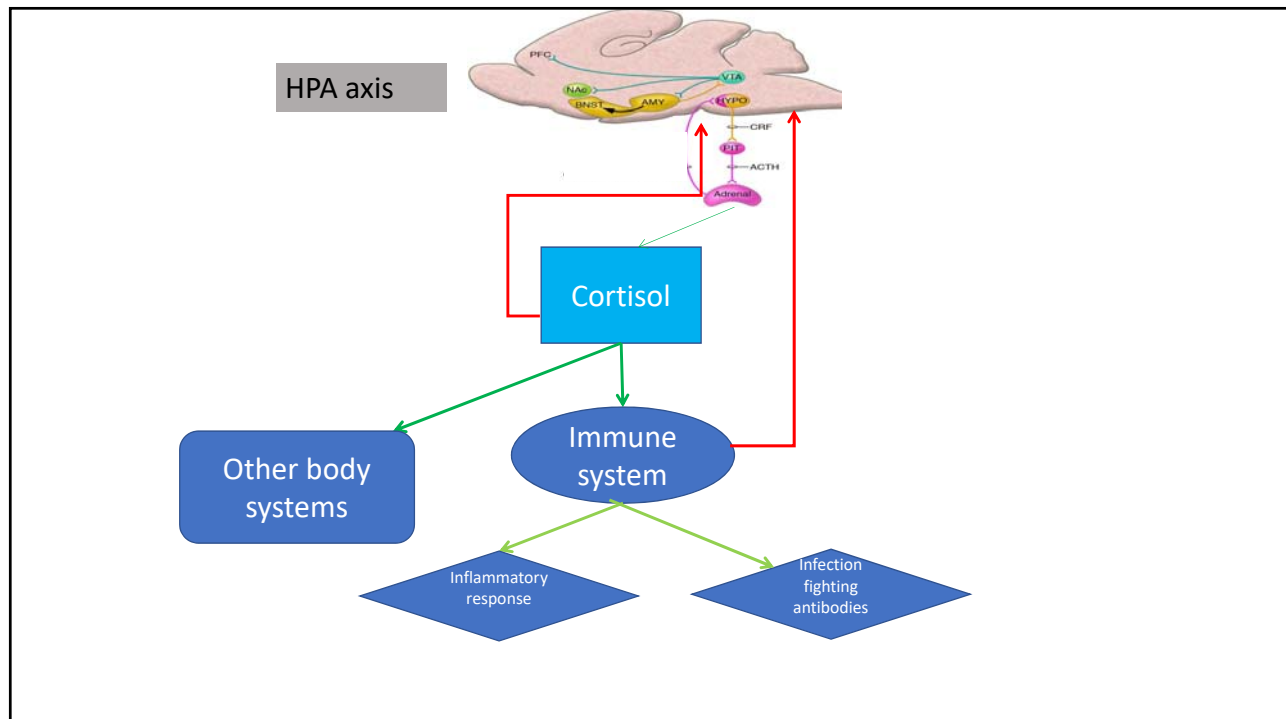
- Stress activates axis.
- Peripheral release of epinephrine and cortisol.
- Stimulates multiple areas of body and immune system.



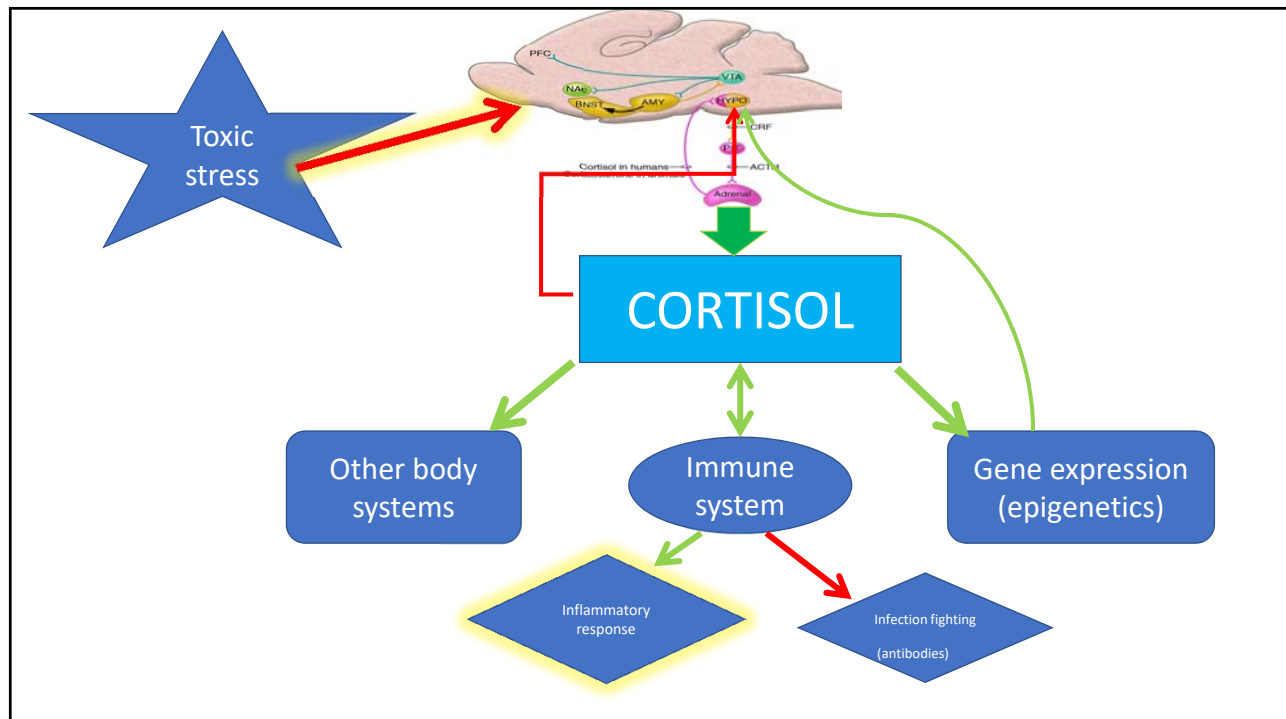
# Trauma



- Stress and the tiger
  - Bodies designed to respond to stress
  - Adrenalin and cortisol help us run from tiger or hide
  - Threat of short duration



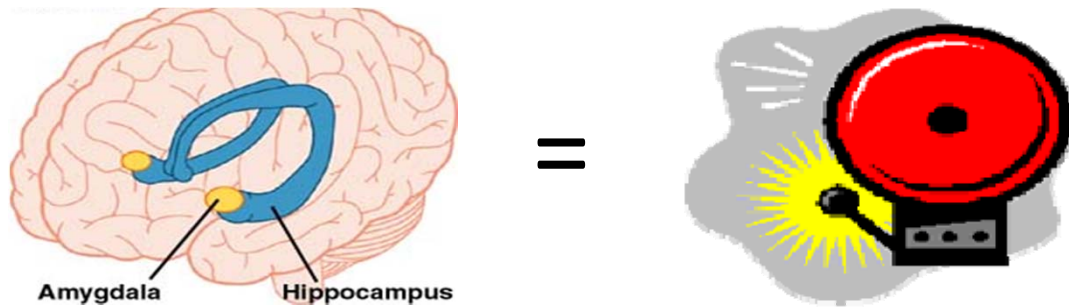
BUT...when the tiger lives in your home, neighborhood or life



## Neurobiology of Trauma

### Amygdala

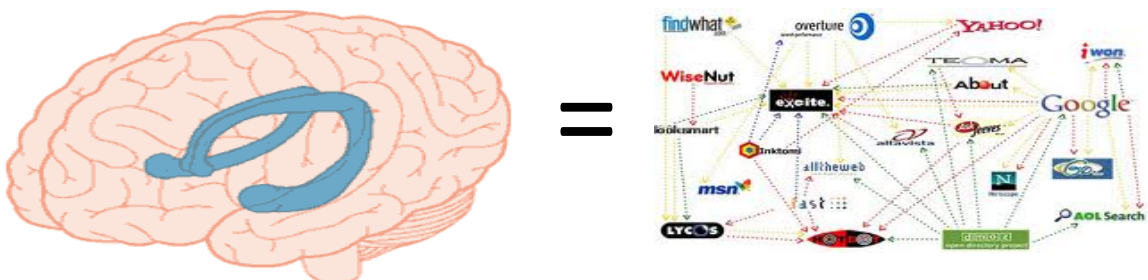
- Amygdala: Input from sensory, memory and attention centers
  - Emotional memory system =The brain's alarm system



## Neurobiology of Trauma

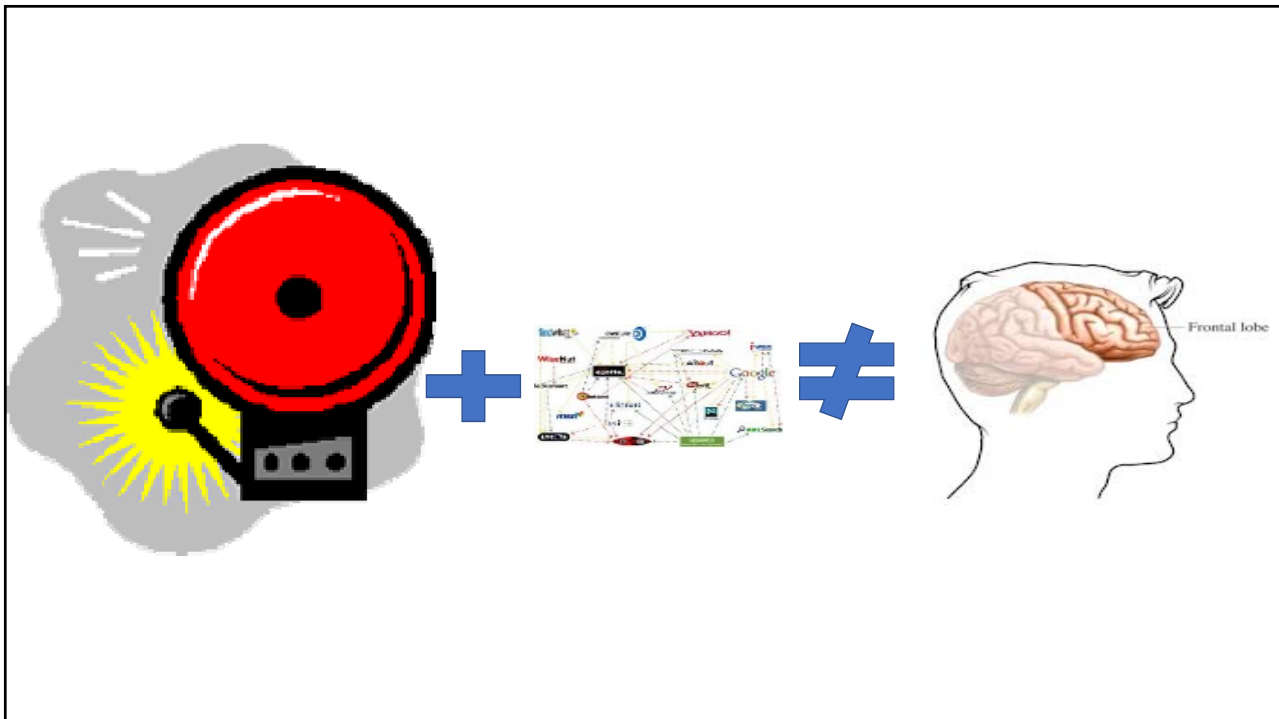
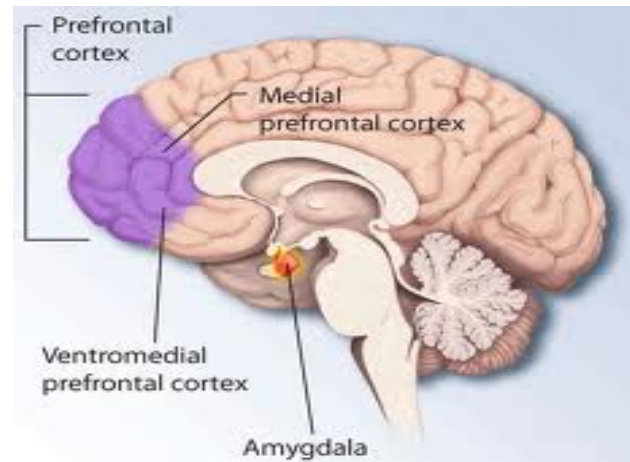
### Hippocampus

- Interface between cortex and lower brain areas.
- Major role in memory and learning.
  - The brain's file cabinet or search engine.

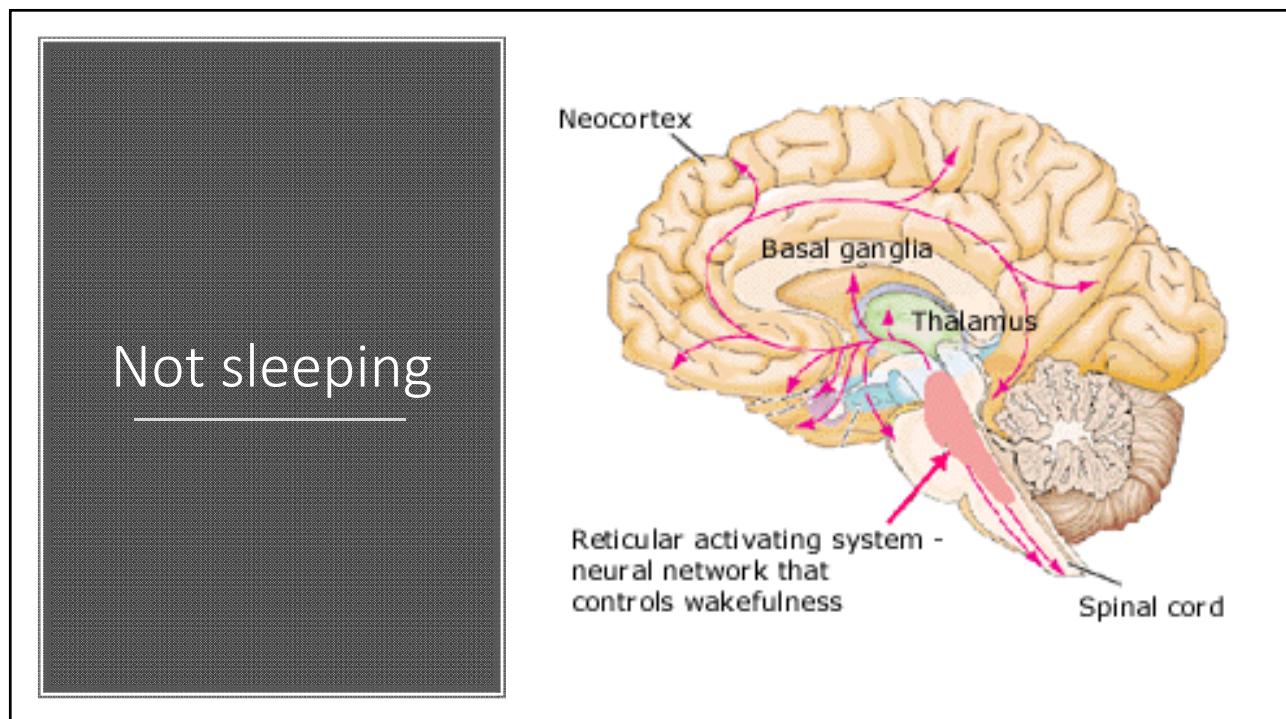


## Neurobiology of Trauma

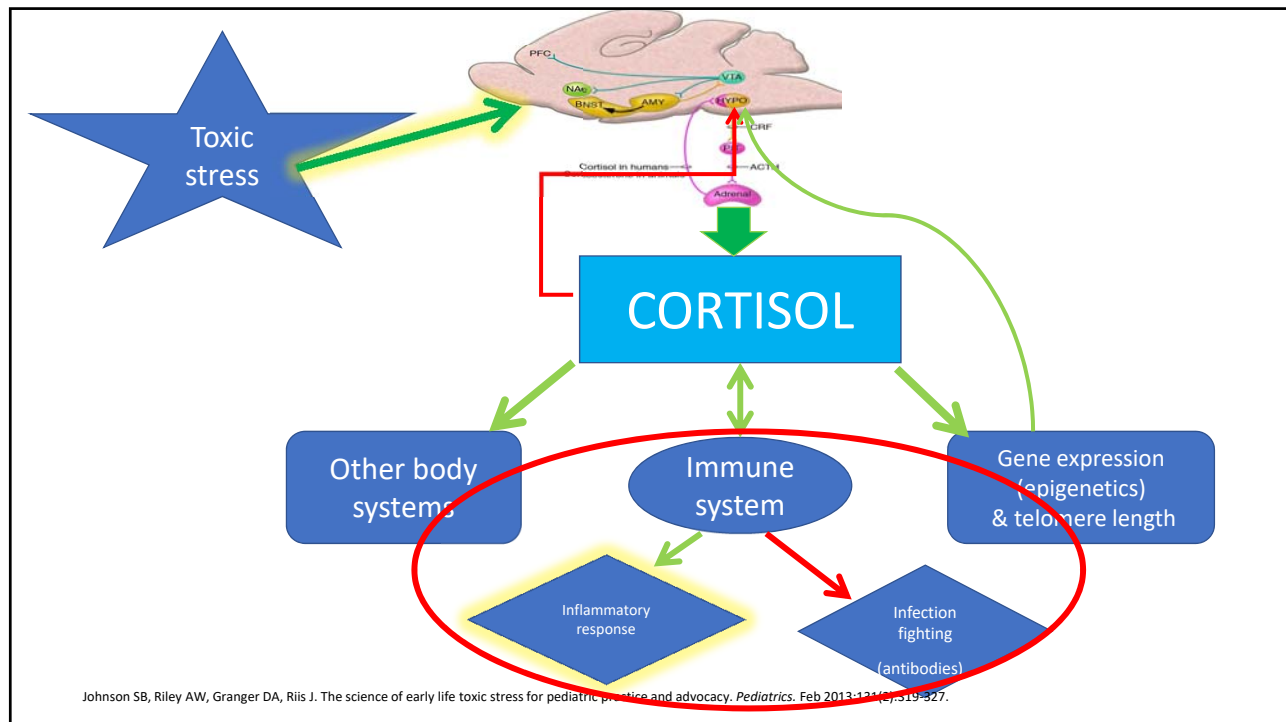
- Prefrontal cortex
  - Executive function
    - Impulse control
    - Working memory
    - Cognitive flexibility



Response to Trauma: Development and Learning <sup>15,16</sup>			
AGE	IMPACT ON WORKING MEMORY	IMPACT ON INHIBITORY CONTROL	IMPACT ON COGNITIVE FLEXIBILITY
Infant / toddler / pre-schooler	Difficulty acquiring developmental milestones	Frequent severe tantrums Aggressive with other children Attachment may be impacted	Easily frustrated
School-aged child	Difficulty with school skill acquisition Losing details can lead to confabulation, viewed by others as lying	Frequently in trouble at school and with peers for fighting and disrupting	Organizational difficulties Can look like learning problems or ADHD
Adolescent	Difficulty keeping up with material as academics advance Trouble keeping school work and home life organized Confabulation increasingly interpreted by others as integrity issue	Impulsive actions which can threaten health and well-being Actions can lead to involvement with law enforcement and increasingly serious consequences	Difficulty assuming tasks of young adulthood which require rapid interpretation of information: ie, driving, functioning in workforce





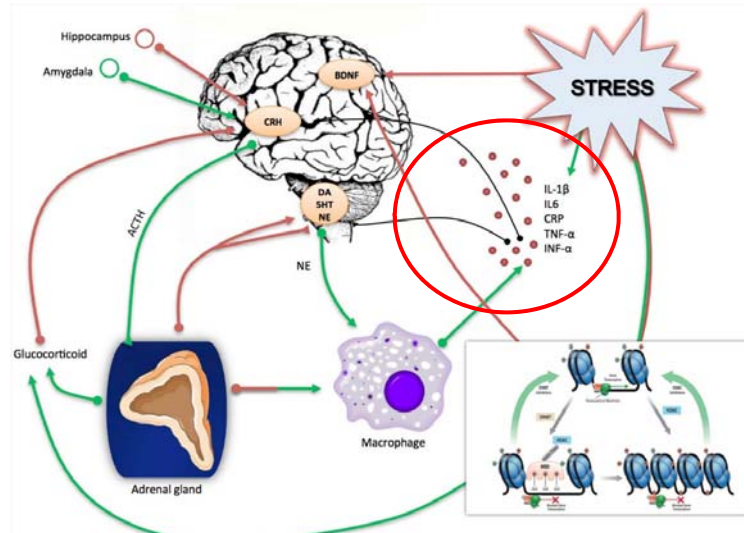


## Impact of toxic stress on immune system

- Developing system is chronically pressed into action
  - Excessive cortisol suppresses humoral immunity, increasing risk of infection
  - Inflammatory response persists after it is no longer needed
  - Somatic perception impaired



## Inflammatory impact on MH



Cattaneo A, et al Inflammation and neuronal plasticity: a link between childhood trauma and depression pathogenesis. Front Cell Neurosci. 2015 Mar 31;9:40.

## Trauma Responses: Adaptive and Protective When in Threatening Situation

- Same bodily functions and behaviors may be maladaptive when children are removed from the stressor
- When not examined within the context of past traumas can be misinterpreted as pathologic
- “YOU MEAN IT’S NOT MY FAULT”



Helping  
families  
understand  
trauma

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Invisible  
suitcase

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Reassurance

Danger



Helping caregivers understand  
and respond role in safety and  
security

Building capacity for  
emotional control

- What is needed to feel safe
- Triggers
  - Look for modifiable stressor
  - Media can often be trigger
  - Triggers that are not expected may be cause of unexpected reactions

## Restoring safety

Addressing complaints practically

- Distraction
- Cognitive coping (self-talk)





- Relaxation techniques
- Use 5 senses

## Restoring safety



## Restoring safety

# Routines of positive interactions



- MORNING ROUTINE**
- My bed is made.
  - My body is clean:
    - I'm showered or I washed my face.
    - My hair is brushed.
  - I put on clean clothes.
  - My bedroom is neat.
  - I have talked to the Lord (and possibly read my Bible.)
  - My morning job is done:
    - \_\_\_ Unload Dishwasher & Drainer
    - \_\_\_ Switch out Laundry & Start New Load
    - \_\_\_ Sort Laundry
    - \_\_\_ Feed the Chickens
  - I have eaten breakfast and CLEANED UP after myself.
  - I have brushed my teeth.
  - I am ready for school before \_\_\_\_\_ am.
- I earn a gaming token! GREAT JOB!**
- NEXT:**
- Start independent school work.

**BEDTIME ROUTINE CHART**

- ① TAKE BATH 
- ② BRUSH TEETH 
- ③ PUT ON JAMMIES 
- ④  STORY TIME
- ⑤ HUGS 

# Routines communicate safety, shutting down stress response



## Regulation

- Trauma limits self regulation, ability to describe feelings or internal states, and ability to communicate wishes and desires



Anger example

Caregiver needs to help child develop language (thus identification) of emotions

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## Sheet of resources to keep on hand

- Parenting support
  - Parenting programs—Triple P, Circle of Security
  - Early intervention
  - Quality childcare options
  - School resources
  - Grandparents raising grandchildren resources
- Exercise programs – YMCA, Boys and Girls Club
- Mindfulness training, prayer groups, yoga classes

## Identify resources in your community

- Trauma focused therapies best supported by evidence
  - Young children
    - Child Parent Psychotherapy (CPP): 0-6 years
    - Parent Child Interaction Therapy (PCIT): 2-12 years
  - Children and Adolescents (3-18 yo)
    - Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)
  - Complex trauma
    - Attachment, Self Regulation and Competency (ARC)
    - Integrative Treatment of Complex Trauma for Children and Adolescents (ITCT-C, ITCT-A)

Maggie was  
started in TF-  
CBT and  
symptoms  
started to  
relieve

- Maggie was able to reunite (briefly) with her mother
- Abdominal pain resolved
- MH symptoms have largely been improved
- Doing well in high school now

Benefit from INSIGHT....



- With the needs of children in foster care always **in sight**
- Literature resources give some extra **insight**
- Resources you now have **in cit(at)ions**

## Citations:

- AAP Healthy Foster Care America
- New York State: Working Together: Health Services for Children in Foster Care  
[http://ocfs.ny.gov/main/sppd/health\\_services/manual.asp](http://ocfs.ny.gov/main/sppd/health_services/manual.asp)
- Szilagyi, M.A., et al., *Health Care Issues for Children and Adolescents in Foster Care and Kinship Care*. Pediatrics, 2015.

## Citations

- 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.aspx>
- Greiner, M. V., J. Ross, C. M. Brown, S. J. Beal and S. N. Sherman. "Foster Caregivers' Perspectives on the Medical Challenges of Children Placed in Their Care: Implications for Pediatricians Caring for Children in Foster Care." *Clin Pediatr (Phila)*, (2015).
- AAP District II Task Force on Health Care for Children in Foster Care, Adoption and Dependent Care. *Fostering Health*, Lake Success, NY.