Caring for Children in Foster Care
Navigating Support Systems

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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 (EPTSD) 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
Overview: IN SIGHT

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The Number and Rate of Children in Foster Care, Ages 17 and Under: 1990-2016*

https://www.childtrends.org/indicators/foster-care, accessed Jan 18, 2019
Foster alumni

At a Glance

Foster Care

1 in 184 children in the US are in the foster care system

20 months average length of stay in foster care

Former foster youth are much more likely than the general population to:

Commit a crime:
- Male 4x more likely
- Female 10x more likely

Develop PTSD:
- Male 5x more likely

Develop a drug or alcohol dependence:
- Drugs 7x more likely
- Alcohol 2x more likely

Experience homelessness:
- About 25%

Experience unemployment:
- 48%

From: AFDCRS Report FY2014 data

8.9
mean age
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Needs
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 birth weight or were premature
- Obesity rates up to twice as high as peers
- 30-60% have developmental disability
- Up to 85% prevalence of mental health disorders

Children come to foster care
Medical exposures

FASD or neonatal drug exposure as complicating factor

Discriminating Features
- short palpebral fissures
- flat midface
- short nose
- indistinct philtrum
- thin upper lip

Associated Features
- epicanthal folds
- low nasal bridge
- minor ear anomalies
- micrognathia

In the Young Child
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

24% 69% >80%
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

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


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
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

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

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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.”

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

- 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

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

**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)


Common issues

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

Evaluations: Substance exposure
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

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

Evaluations: Substance abuse

- ?

RISK

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

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


Concerns extend to CSEC

Did you know?

70-90% of child victims of commercial sexual exploitation have a history of sexual abuse.

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.

Increased risk factors for pregnancy and STDs

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

Child welfare usually does not have policies to address these issues with youth
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
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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

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

<table>
<thead>
<tr>
<th>AGE</th>
<th>IMPACT ON WORKING MEMORY</th>
<th>IMPACT ON INHIBITORY CONTROL</th>
<th>IMPACT ON COGNITIVE FLEXIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant / toddler / pre-schooler</td>
<td>Difficulty acquiring developmental milestones</td>
<td>Frequent severe tantrums</td>
<td>Easily frustrated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aggressive with other children</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachment may be impacted</td>
<td></td>
</tr>
<tr>
<td>School-aged child</td>
<td>Difficulty with school skill acquisition</td>
<td>Frequently in trouble at school and with peers for fighting and disrupting</td>
<td>Organizational difficulties</td>
</tr>
<tr>
<td></td>
<td>Losing details can lead to confusion, viewed by others as lying</td>
<td></td>
<td>Can look like learning problems or ADHD</td>
</tr>
<tr>
<td>Adolescent</td>
<td>Difficulty keeping up with material as academics advance</td>
<td>Impulsive actions which can threaten health and well-being</td>
<td>Difficulty assuming tasks of young adulthood which require rapid interpretation of information: i.e., driving, functioning in workforce</td>
</tr>
<tr>
<td></td>
<td>Trouble keeping school work and home life organized</td>
<td>Actions can lead to involvement with law enforcement and increasingly serious consequences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confabulation increasingly interpreted by others as integrity loss</td>
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**Not sleeping**

- **Neocortex**
- **Basal ganglia**
- **Thalamus**
- **Reticular activating system - neural network that controls wakefulness**
- **Spinal cord**
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


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
Invisible suitcase

• I am in danger
• I am worthless
• I am powerless
• You are not reliable
• You cannot protect me
• You will be dangerous or rejecting
Reassuring, Restoring Routine, Regulating

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
Routines of positive interactions

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.
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 citations
Citations:

• AAP Healthy Foster Care America
• New York State: Working Together: Health Services for Children in Foster Care

Citations

• AAP District II Task Force on Health Care for Children in Foster Care, Adoption and Dependent Care. *Fostering Health*, Lake Success, NY.