



Vermont Child Health Improvement Program



Step Up for Children Entering Foster Care: Enhancing Communication and Comprehensive Care

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April 20, 2022

Questions to Ponder

1. **The AAP recommends that children entering foster care receive a Health Screening within 7 days, a Comprehensive Health Assessment within 30 days, and follow-up with an enhanced health supervision schedule:**
 - True
 - False
 - I didn't know the AAP had recommendations
2. **A child entering foster care who has no diagnosed medical problems would not be considered a Child with Special Health Needs:**
 - True
 - False
 - I'm not sure
3. **I know exactly how my practice is notified when a patient enters foster care:**
 - True
 - False
 - N/A
4. **I know who the Fostering Healthy Families Nurse in my District is:**
 - True
 - False

Objectives

- Be knowledgeable about the AAP Guidelines for Health Care for Children in Foster Care
 - Initial Health Screening
 - Comprehensive Health Assessment
 - Enhanced Well Visit Schedule
- Understand how Children/Adolescents entering Foster Care are Children with Special Health Needs (CHSN)
- Be aware of the communication chain when a child enters foster care
- Think about what changes you can make in your own office systems

What is the challenge?

Case 1

A 3-year-old girl, last seen in your office 1.5 years ago is brought in by foster family who has had her for 2 weeks for a “check-up.” On exam she has terrible dentition but otherwise appears healthy. The records that you do have show that she has had episodes of wheezing and was prescribed Albuterol. When asked more about her medical status and trauma history, foster family has minimal information.

What is the challenge?

Case 2

A 5-year-old boy, new to your practice is brought in for a check-up after being placed in foster care over the weekend. He is on ADHD medications, is minimally verbal and has bruising over his forehead, arms and legs. His foster family states that he hasn't been on any medications since in their care and he "seems fine."

Questions

- Do the children need immunizations?
- Do they need a Rx for medications?
- What lead to their placement in foster care? Is there a trauma history that needs to be addressed?
- Does the child need more of a workup for abuse?
- Will the child be staying in my practice so I can see her in follow-up?

TEN-4-FACESp

Bruising Clinical Decision Rule for Children < 4 Years of Age

When is bruising concerning for abuse in children < 4 years of age?
If bruising in any of the three components (Regions, Infants, Patterns) is present without a reasonable explanation, strongly consider evaluating for child abuse and/or consulting with an expert in child abuse.

TEN

Torso | Ears | Neck



FACES

Frenulum
Angle of Jaw
Cheeks (*fleshy part*)
Eyelids
Subconjunctivae

REGIONS

4 months and younger



Any bruise, anywhere

INFANTS

Patterned bruising



Bruises in specific patterns like slap, grab or loop marks

PATTERNS

See the signs

Unexplained bruises in these areas most often result from physical assault.

TEN-4-FACESp is not to diagnose abuse but to function as a screening tool to improve the recognition of potentially abused children with bruising who require further evaluation.

TEN-4-FACESp was developed and validated by Dr. Mary Clyde Pierce and colleagues. It is published and available for FREE download at luriechildrens.org/ten-4-facesp.

 Ann & Robert H. Lurie
Children's Hospital of Chicago®



Interviews

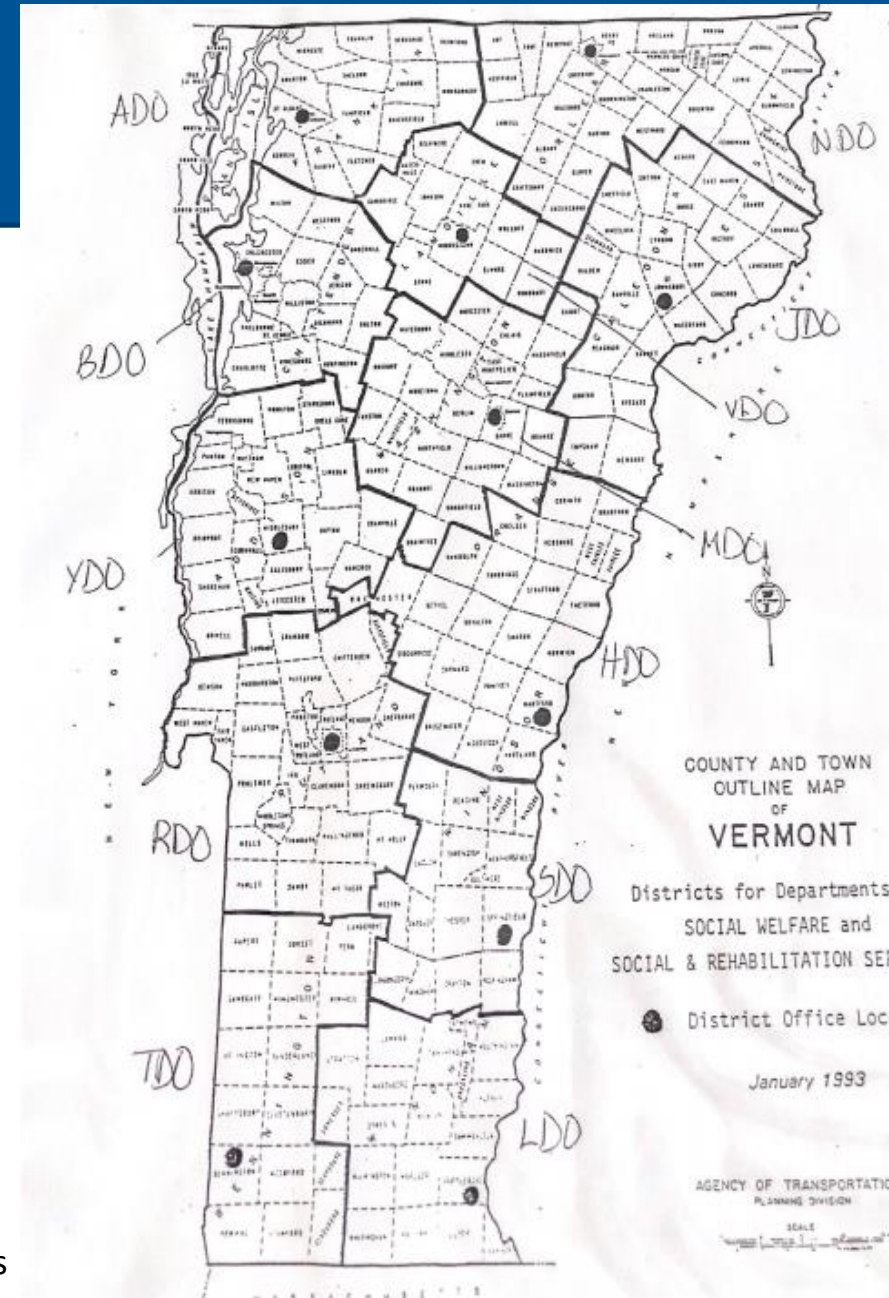
- Phone interview with 1-2 pediatric providers per DCF district performed October – December 2020
- Total of 14 interviews
- Both pointed and open-ended questions about their experiences caring for children in foster care
- Developed RedCap database and analyzed the data in a qualitative and quantitative manner



Kelly Finnegan MD
Child Abuse Fellow
Kemp Center, Denver
Children's Hospital



Patrick Duff MD
Primary Care
Timberlane Pediatrics

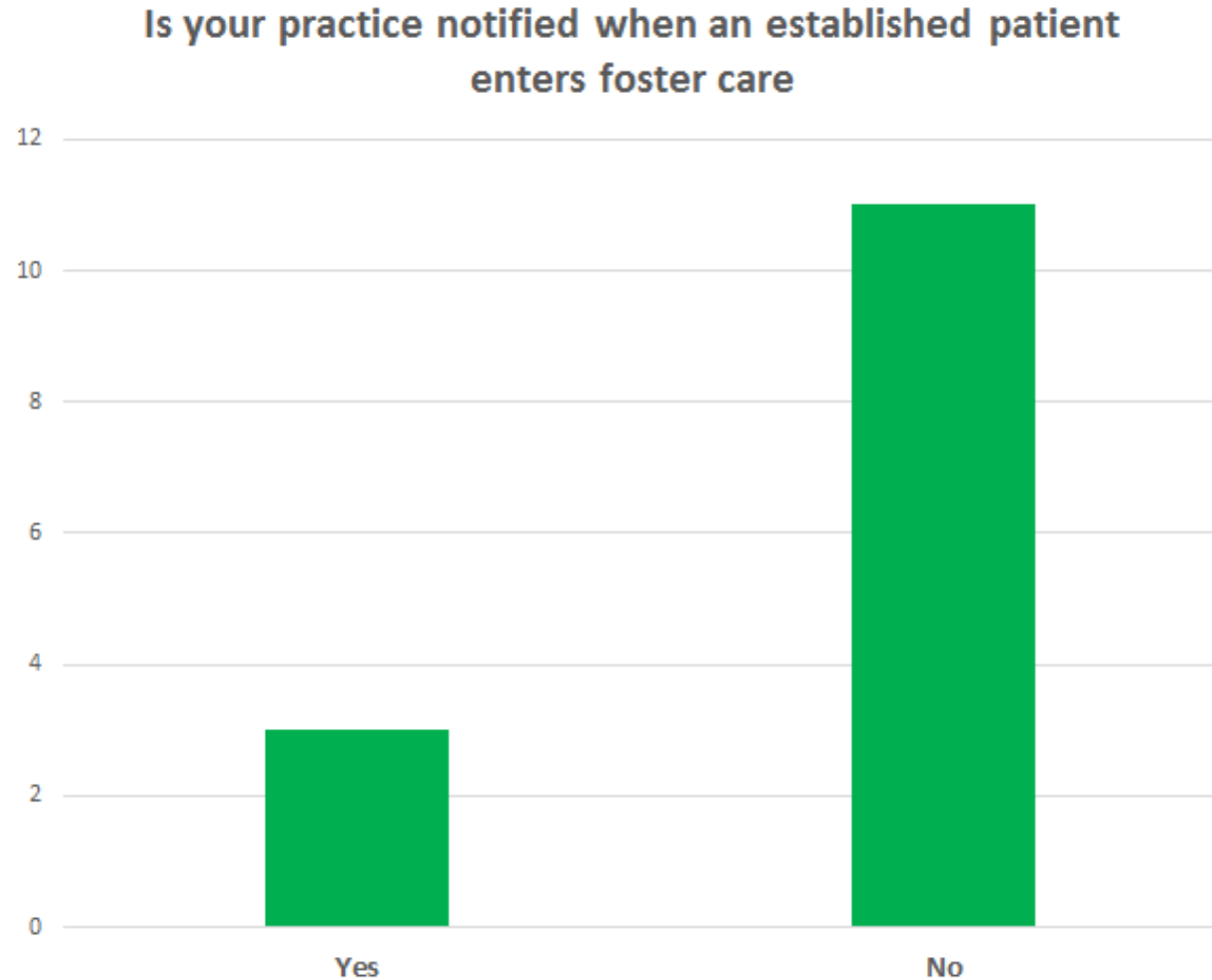


Results

Notification

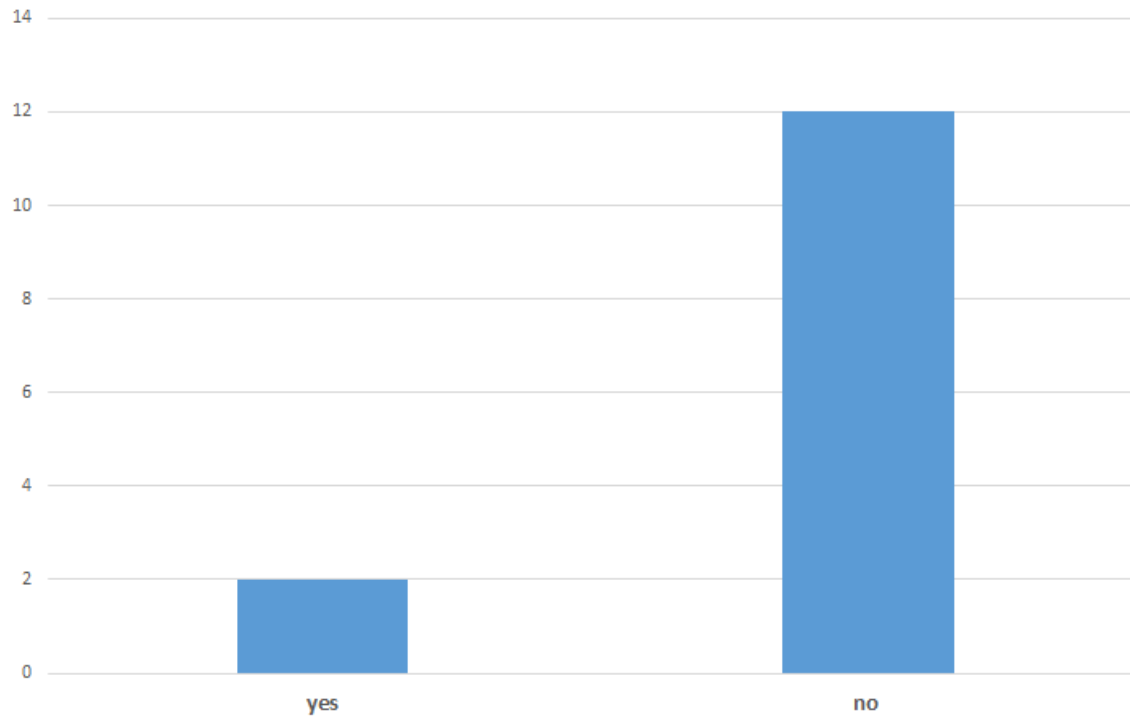
“We typically get a letter with the patient's name, who the guardian is, the caseworker, etc.”

“...in some cases the practice isn't even aware of how long they have been in care.”

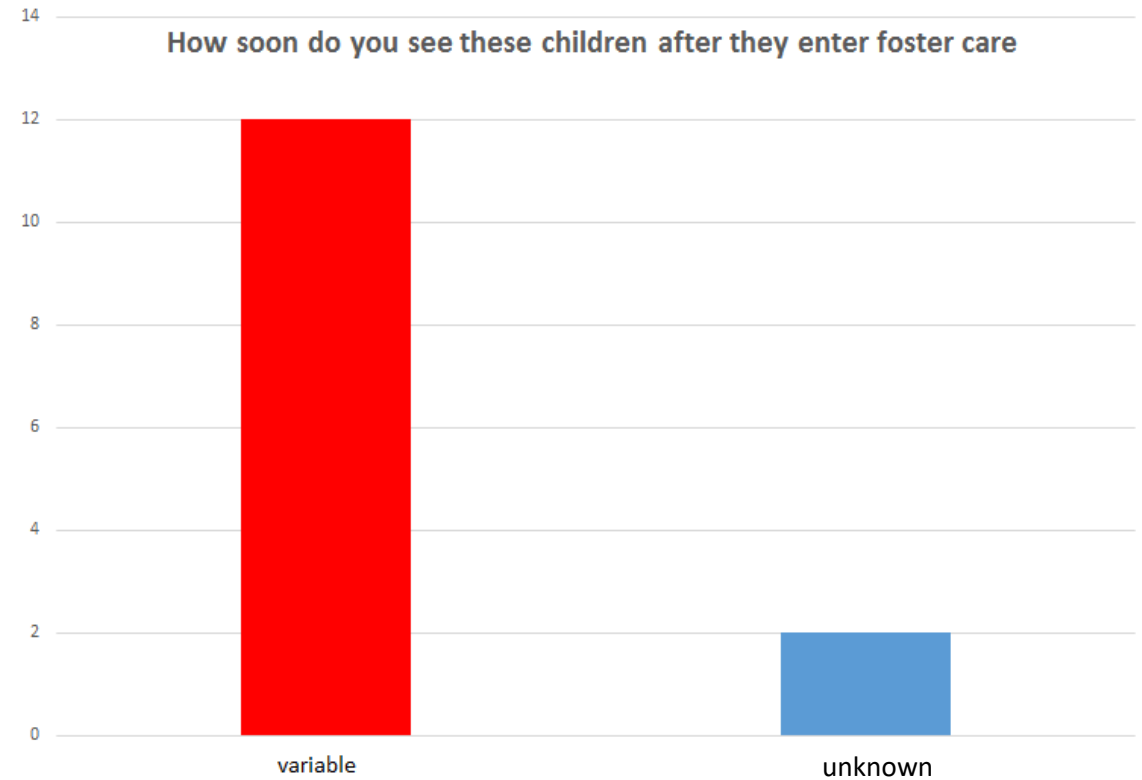


Results

Are there guidelines/policies/protocols that you follow when assessing these children



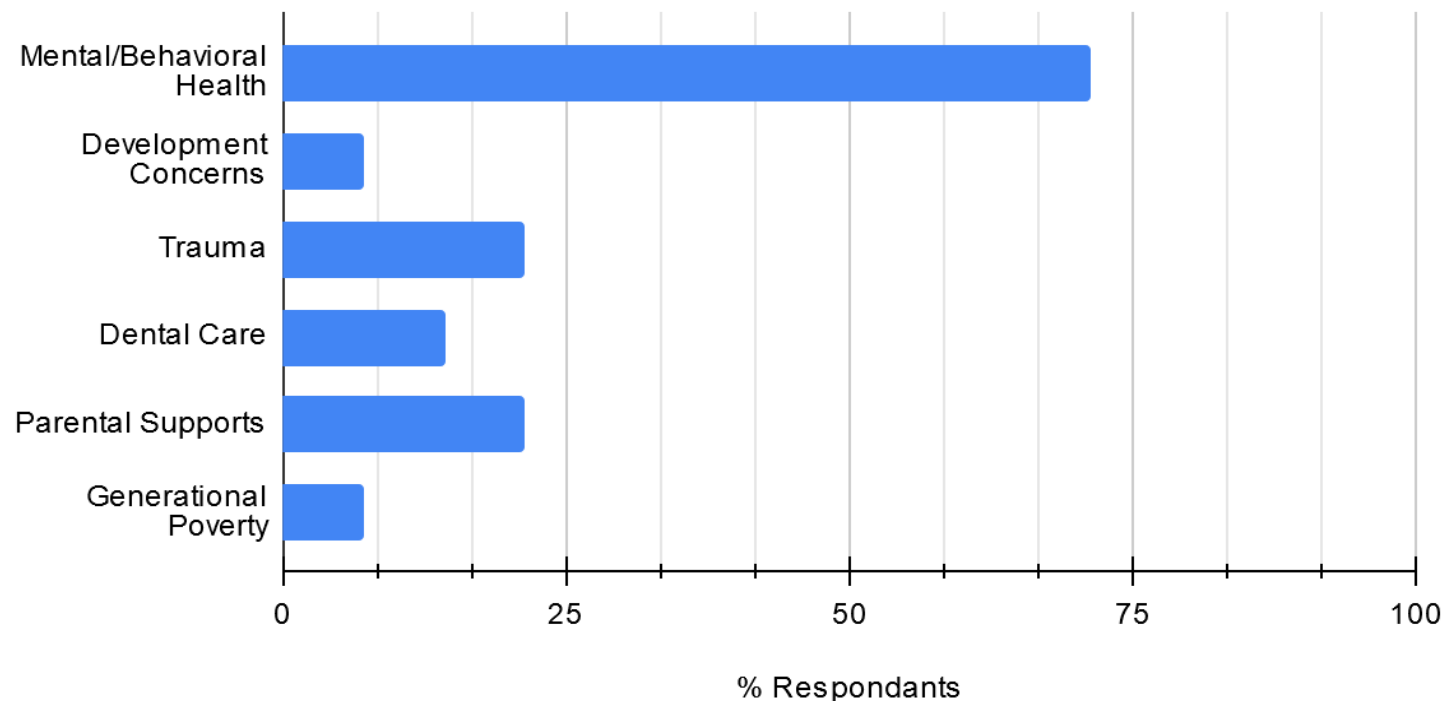
How soon do you see these children after they enter foster care



Results

“**Mental health** may take months” –
“**Mental health** is the most difficult to get into” - “**Mental health** and **developmental services** are much harder to line up” - “**Mental health** support is very challenging” - “It is easy to refer for medical services. **Mental/behavioral health** referrals are much harder.” - “**Mental health** for peds can be difficult to set up” - “**Mental health** is the hardest to get a hold of” - “difficult for **psych** or **developmental** referrals, easy for medical specialists” - “Access to **mental health** is challenging as always is with all patients. Sometimes easier when really engaged by social worker/DCF.” - “**Mental health** and **behavioral health** are more difficult to obtain as they usually are.”

What do you feel is the most pressing issue facing this population?



Challenges

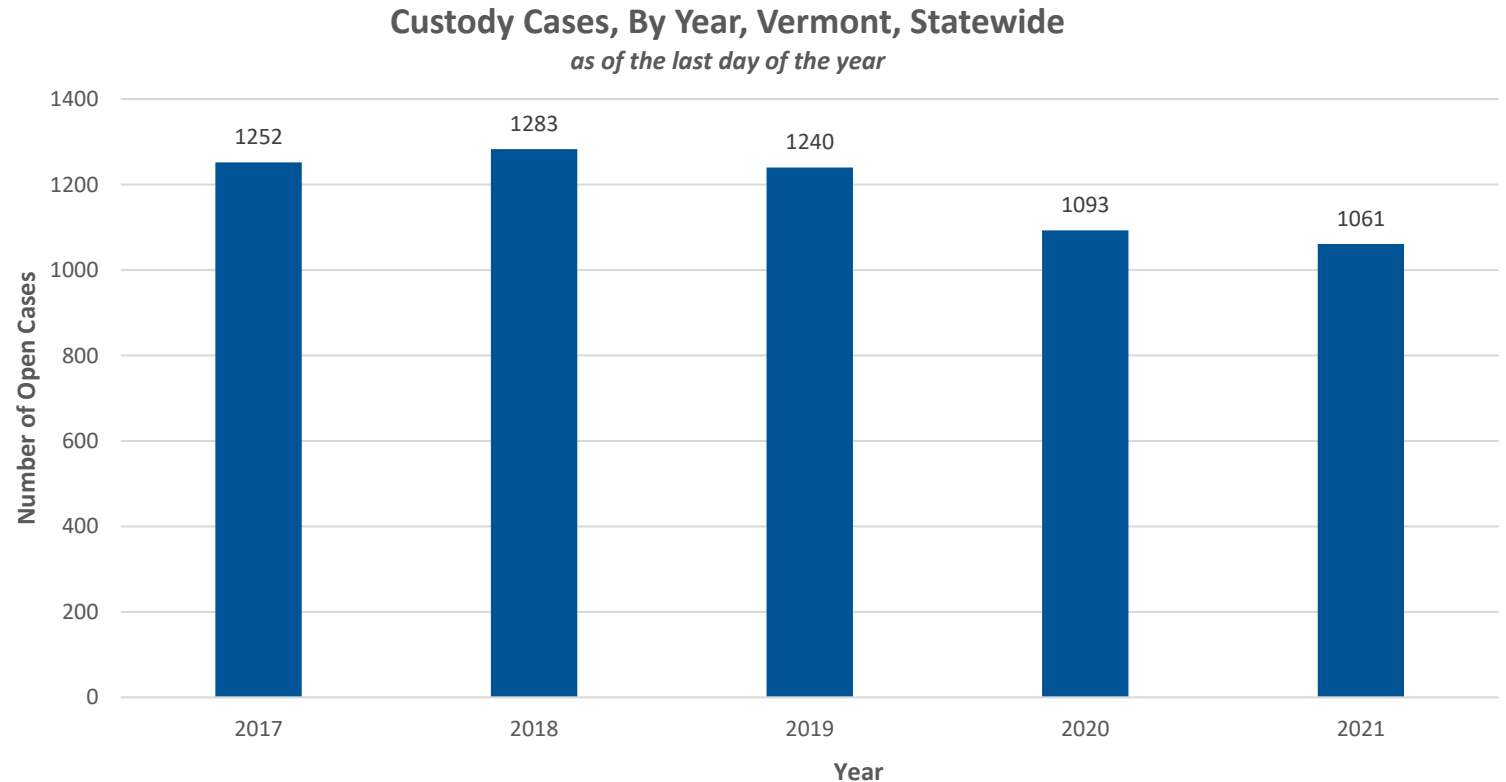
- Scheduling
- Interaction with PCP, initial visit, how frequent, consistent provider
- Sometimes we don't know what the trauma(s) is
- Practice of trauma informed care
- Need multi-disciplinary teams
 - Child care/schools
 - DCF
 - Medical

On any day in the U.S.....

- On 9/30/2018, there were 437,283 children in the foster care system
 - 262,956 entered foster care
 - 250,103 exited foster care
- Reasons for entry into foster care:
 - Neglect – 62%
 - Parental substance use – 36%
 - Poor coping skills of caregiver – 14%
 - Physical abuse – 13%
 - Inadequate housing – 10%
 - Other (less than 10% each): child behavior problems, parental incarceration, parental alcoholism, abandonment, sexual abuse, child disability/complex medical problem, relinquishment, parental death, child alcohol and other substance use

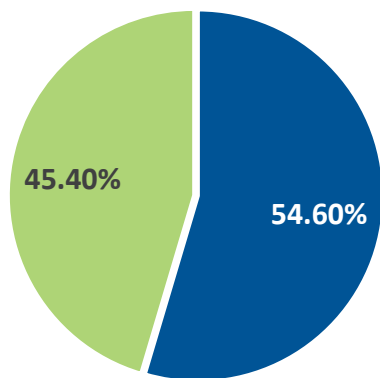
How many VT children are in custody?

- On 12/31/2019:
1,240 children in custody
 - 628 entered
 - 808 exited



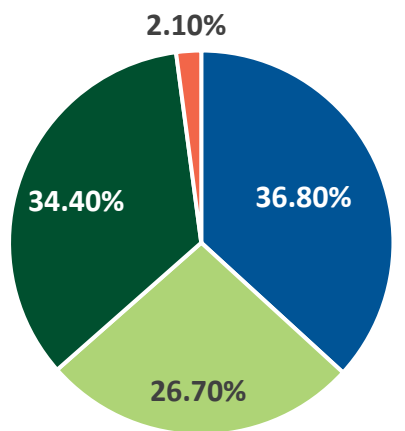
Vermont Demographics: Age, Race, Ethnicity

Gender



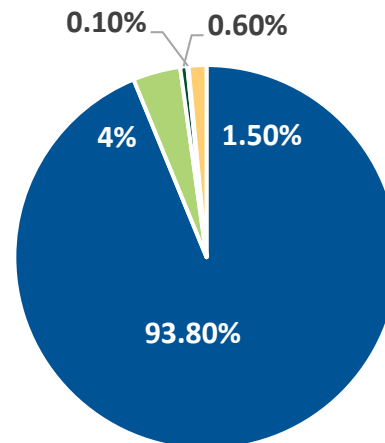
■ Male ■ Female

Age



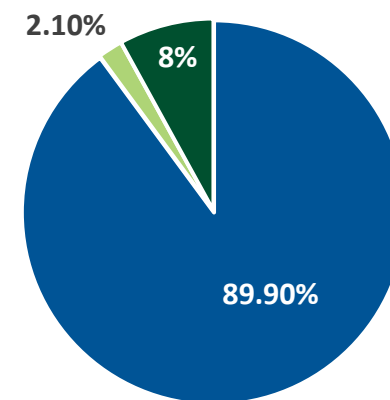
■ 0-5 ■ 6-11 ■ 12-17 ■ 18+

Race



■ White ■ Black/AA ■ Asian ■ Am Ind ■ Unknown

Ethnicity



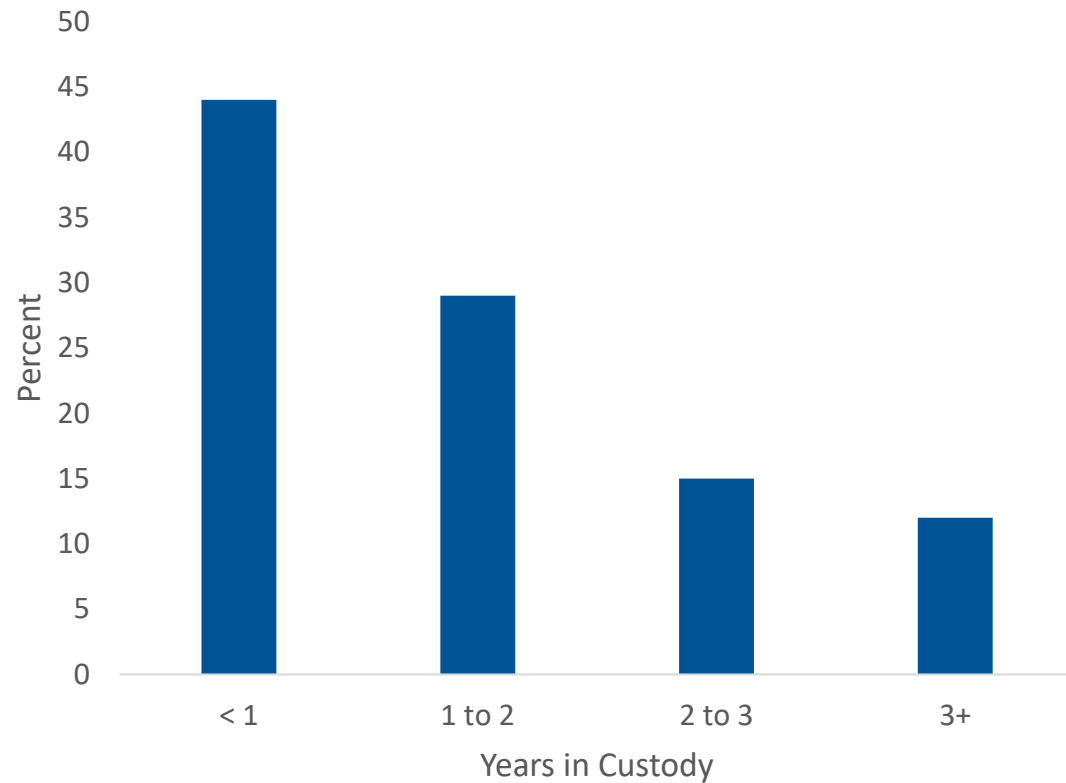
■ Non-Hispanic ■ Hispanic ■ Unknown

Entry Placement for VT Children

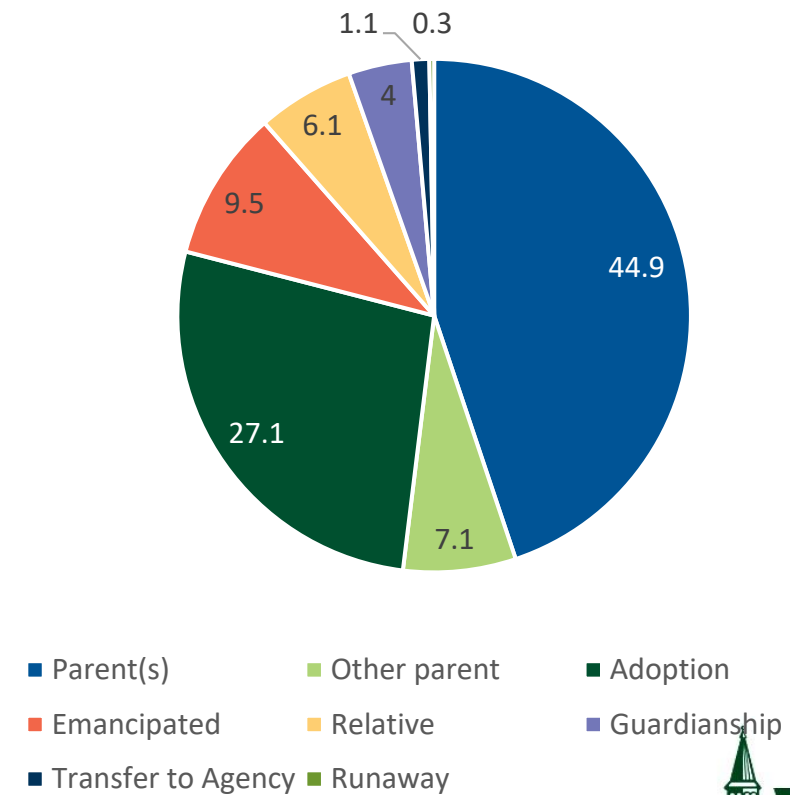
- Non-relative foster care – 47%
- Relative – 27%
- Institution – 15%
- Group home – 7%
- Adoptive home – 3%
- Parent – 1%

Time in Custody & Exit Placement

Time in Custody



Exit Placement



Children in Foster Care are Children with Special Health Needs

Health Problem	Percent of Foster Care Population
Chronic medical problem	35-60%
Medically fragile or complex	11%
Mental health challenges	80% of children > 4 years
Developmental delay	60% of children < 5 years
Educational problems/special education	45%
Significant dental disease	35%
Family relationship problems	100%

AAP Guidelines

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Health Care Issues for Children and Adolescents in Foster Care and Kinship Care

COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COMMITTEE ON ADOLESCENCE, and COUNCIL ON EARLY CHILDHOOD

Children and adolescents who enter foster care often do so with complicated medical, mental health, developmental, oral health, and [abstract](#)

TECHNICAL REPORT

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Health Care Issues for Children and Adolescents in Foster Care and Kinship Care

Maira A. Szilagyi, MD, PhD, David S. Rosen, MD, MPH, David Rubin, MD, MSCE, Sarah Zlotnik, MSW, MSPH, the COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, the COMMITTEE ON ADOLESCENCE and the COUNCIL ON EARLY CHILDHOOD

[abstract](#) Children and adolescents involved with child welfare, especially those w

AAP Recommendations

Initial Health Screening

- Within 72 hours (within 24 hours for some)

Comprehensive Health Assessment

- Within 30 days
- Follow Up Visit

Enhanced Health Supervision Schedule

Initial Health Screening \leq 72 hours

Purpose

Identify health conditions requiring prompt attention: acute/chronic illness, child abuse/neglect, mental health disturbance, pregnancy

Identify health conditions important in making placement decisions

Identify significant behavior issues important in making placement decisions

Initial Health Screening: Components

- Review of health information
- Review of trauma history and referral
- Review of symptoms
- Symptom-targeted exam
- Identify health conditions important in making placement decisions
- Adolescent health screen: pregnancy, STI testing
- Child abuse screen: growth parameters, vitals, skin, joints/extremities, external genitalia
- Developmental surveillance or screen
- Mental health screen: suicidality, homicidality, violent behaviors, trauma exposures

Initial Health Screening: Actions

- ✓ Appropriate treatment and referral
- ✓ Communication with caseworker
- ✓ Anticipatory guidance related to transition into foster care, parenting the traumatized child, specific health issues

Comprehensive Health Assessment \leq 30 days

Purpose:

Review available health information

Identify acute and chronic health conditions

Identify developmental and mental health conditions

Trauma assessment

Develop an individualized treatment plan

Components of Comprehensive Health Assessment

- Review of available health information including trauma history
- Review of systems
- Complete physical exam
- Child abuse and neglect screen
- Family planning and sexual safety counseling for adolescents
- Developmental screen and referral for evaluation
- Mental health screen and referral for evaluation
- Adolescent health survey
- Review of school performance
- Immunization review
- Dental screen and referral
- Hearing and vision screening
- HIV risk assessment

Components of Comprehensive Health Assessment

Laboratory studies

- *HIV infection,*
- *hepatitis B and C*
- *tuberculosis*
- *pregnancy test*
- *lead exposure*
- *iron deficiency*

Anticipatory guidance

- *counseling around transition issues*
- *positive parenting strategies*
- *the effects of childhood trauma*

Comprehensive Health Assessment: Actions

- ✓ Appropriate treatment and referral (mental health, developmental, educational, dental)
- ✓ Communication with caseworker
- ✓ Anticipatory guidance particularly around parenting traumatized child
- ✓ **Schedule follow-up visit in 30-60 days**
 - Assess adjustment to foster care/support for foster family
 - Monitor for abuse/neglect
 - Follow up on initial plans for medical, dental, mental health

Enhanced Well Visit Schedule

- Foster parent support and education
- Frequent monitoring for impact of transitions, visitation, ongoing adaptation to placement
- Address emerging problems: behavioral, emotional, developmental, educational

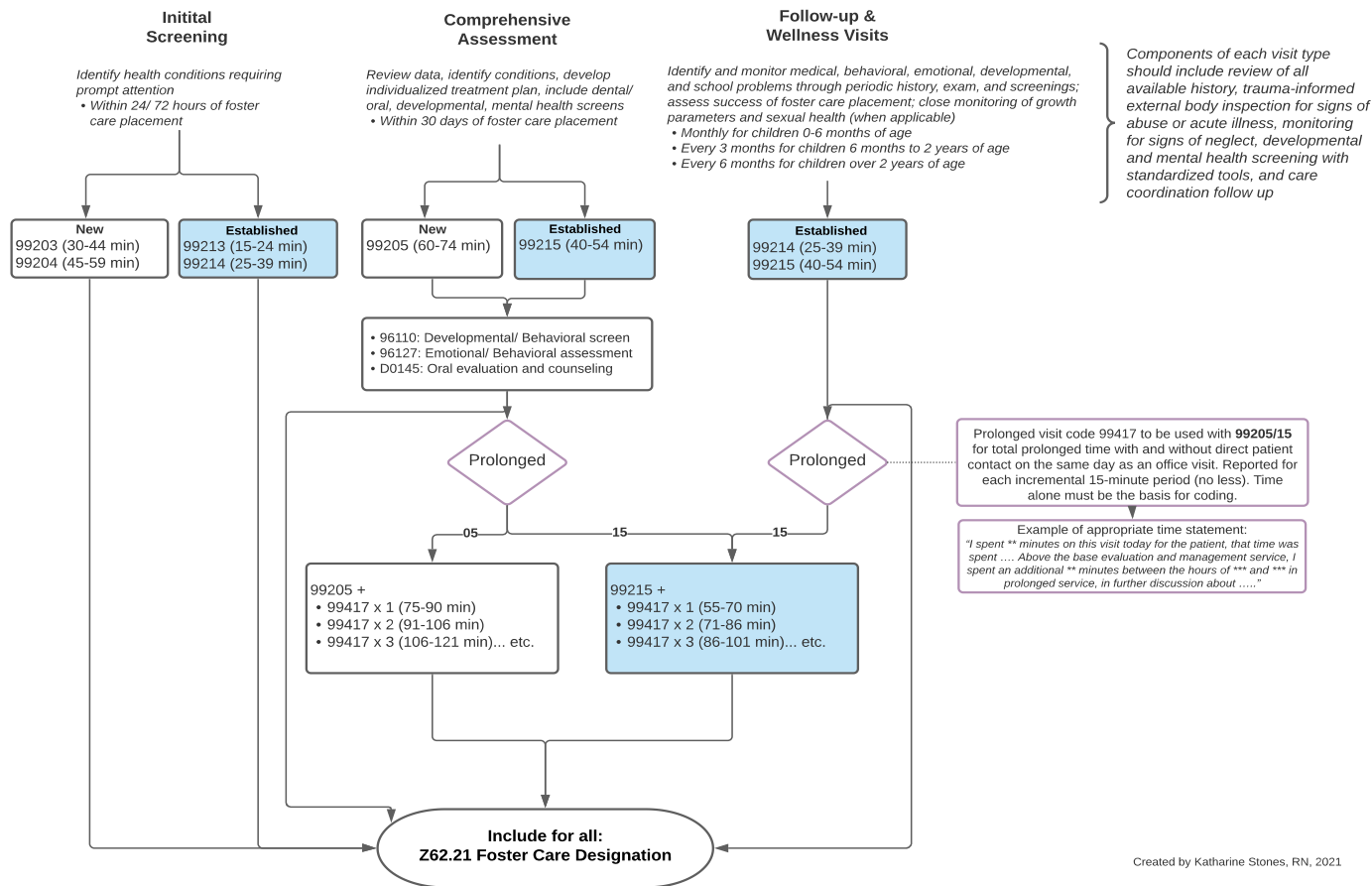
Birth-6 Months: Monthly

6-24 Months: Every 3 Months

2-21 Years: Every 6 Months

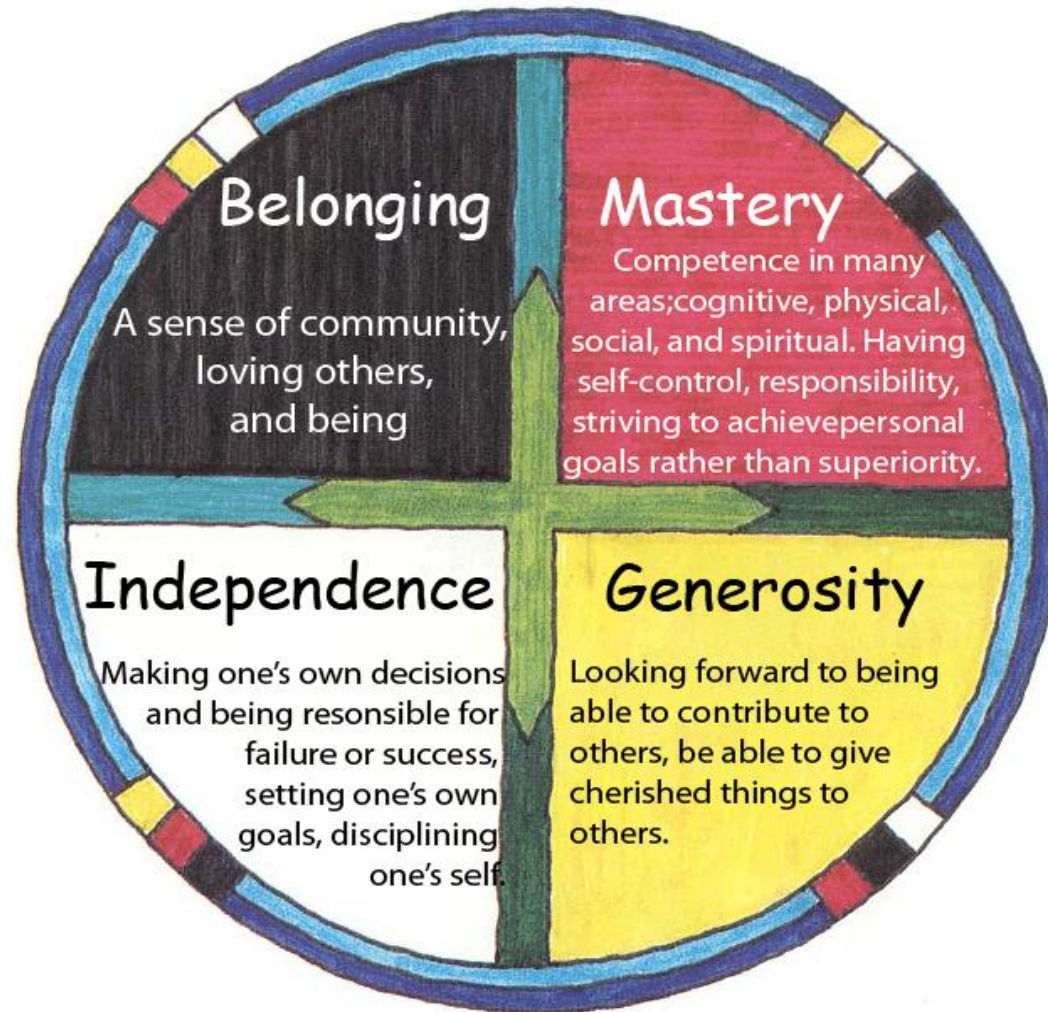
CPT Coding for Children in Foster Care *DRAFT*

CPT Coding for Children in Foster Care



Created by Katharine Stones, RN, 2021

Search for Strengths: Circle of Courage



Martin Brokenleg & Larry Brendtro

We are Vermont Strong!

All Hands on Deck to tackle the problem!

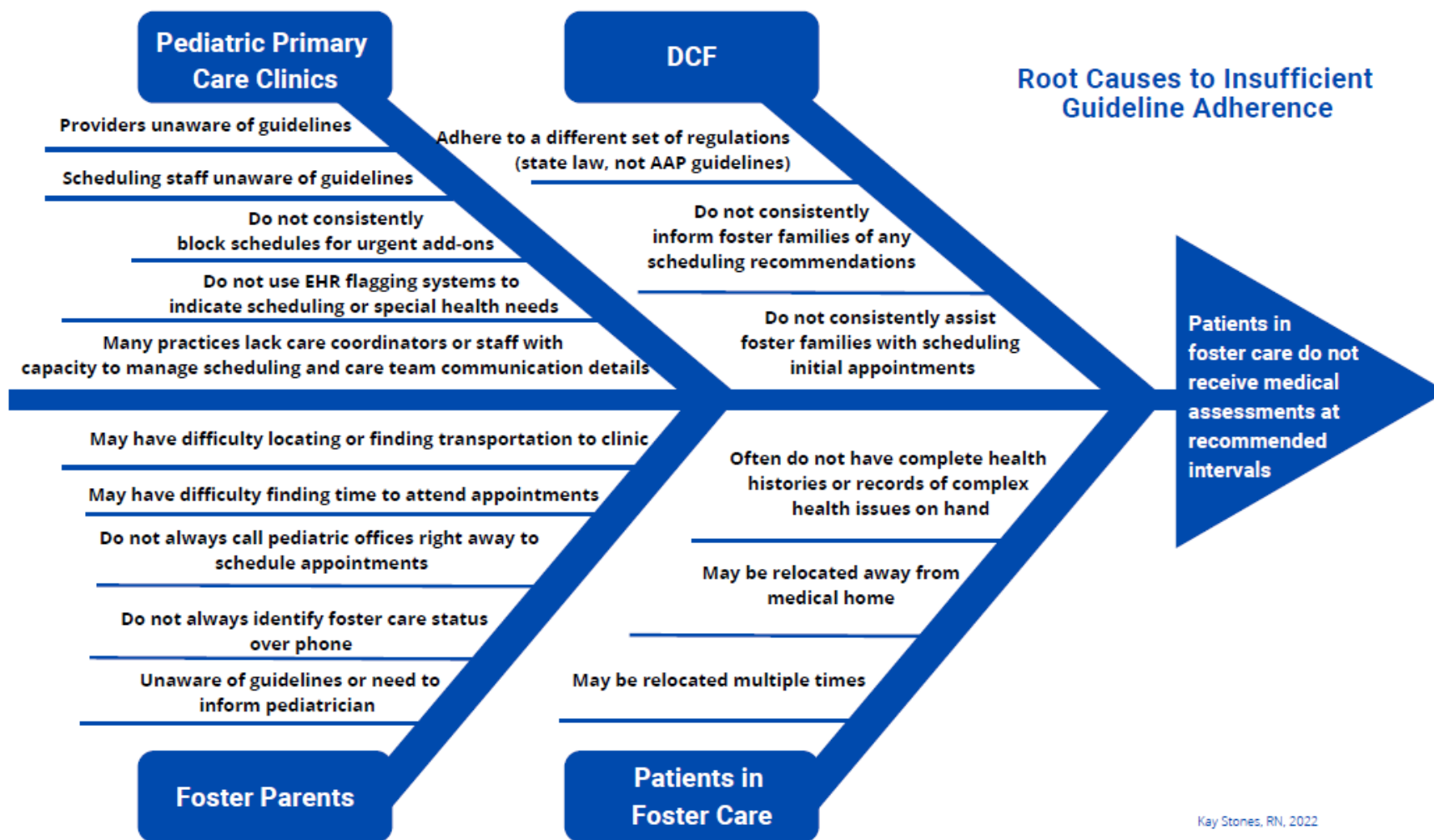
- **VCHIP**: Pilot with DCF, MCH nurses, Pediatric Practices
 - Rutland District/ Community Health Pediatrics Rutland
 - Bennington District/ SVMC Pediatrics
- **Kay Stones DNPc, RN**: NP working on her Doctorate at UVM: Improving Provider & Nurse Knowledge of Timeline Recommendations for Pediatric Patients in Foster Care
 - Berlin Peds, Lakeside Peds, Timberlane Peds
- **CMS Affinity Group**: Improving Timely Health Care for Children and Youth in Foster Care
 - VT one of 12 states
 - DVHA and DCF are co-leaders
 - VCHIP and MCH participating

VT Data – How are we doing?

Office Visits in the first 30 Days in Custody: 2019

Age	Number of Children	ANY Office Encounter	Health Supervision Visit	At Least One ED Visit
<1	113	82 %	56%	13%
1-4	179	53%	17%	15%
5-11	197	37%	11%	10%
12-17	230	30%	2%	18%
TOTAL	719	45%	17%	14%

Barriers to Timely Medical Care



Kay Stones, RN, 2022

Fostering Healthy Families Program

- Purpose
 - is to improve the health outcomes of children in state custody
 - Collaboration between Public Health Nurse, Family Services Division (DCF) and Medical Providers is critical to success
- How it works in Rutland County
- Successes

Maternal Child Health Coordinators (FHF Nurses)

Barre

- Deborah.Sanguinetti@vermont.gov

Bennington

- Adrianna.Tomasi@vermont.gov
(802) 447-6402

Brattleboro

- Debra.Kitzmiller@vermont.gov
(802) 251-2102

Burlington

- Alysha.Magnant@vermont.gov
(802) 951-0066

Middlebury

- Holly.Laramée@vermont.gov
(802) 388-5746

Morrisville

- Wendy.Hubbard@vermont.gov
(802) 888-1353

Newport

- Open position- temporarily contact the St. Johnsbury office
- Renee.Fuller@vermont.gov
(802) 751-0184

Rutland

- Jennifer.Wedin@Vermont.gov
(802) 786-5104

St. Albans

- Heather.Simkins@vermont.gov
(802) 527-5576

St. Johnsbury

- Renee.Fuller@vermont.gov
(802) 751-0184

Springfield

- Sarah.Orr@vermont.gov
(802) 289-0591

White River Junction

- Pat.Ralston@vermont.gov
(802) 281-5023

Suggestions from the Pilot Sites

- It's imperative to obtain the **reason for entering custody** from DCF!
- A case review with the provider **prior to the appointment** is very important. Many children had a lapse in care, so helpful to review outstanding needs.
- A **weekly reminder email** from the MCH Nurse to the practice helps streamline the process of allotting time, collecting info and filling out the forms.
- After the appointment, expect to have multiple points of contact with the foster parent/DCF worker for **follow up**, particularly since change of placements are common and referrals were generated from the comprehensive exam. **Contacting any specialist** to ensure they have all the contact info/placement letter, etc.
- Schedule the appointment when the **social worker** is available; to follow up on social/emotional needs, and for care coordination to follow up on any previous outstanding referrals.
- Helpful to **contact the DCF worker and the foster parent/caregiver** to obtain and share medical information. Cannot assume that any or all parties have information.
- **“Teamwork makes the dream work”!!**

Feedback from Foster Parents

I always try to get a physical or checkup within a week or so, and what I often get from the doctor's office is "they've already had a physical and insurance won't pay for another one"

If I had not been a seasoned foster parent, I would not have been able to navigate the medical services

Confidentiality! Questions being asked at the front desk – calling the patient a "foster child", confirming your address loudly, so others in the waiting area can hear - training around foster care for medical homes

Prescription meds often don't come with kids. Not sure of the process of transferring prescriptions, but it can be very time consuming for foster parents

Providers aren't always aware that prescriptions can be written for things such as: vitamins, diapers, incontinence products, which are all covered by Medicaid

Not all providers recognize and/or understand the purpose of the medical authorization form

Office Systems: What Can Work in VT?

Enhance Communication

- Local DCF office, MCH Nurse, consider “Foster Care Champion”/point person in your office

Office Protocols for Patients in Foster Care

- Consider flagging charts, automatically making appointment within 30 days, prioritize calls from foster parents, always use Foster Care code Z62.21

Identify & Fill Gaps

- Knowledge of AAP Guidelines, trauma informed care for office staff, referrals for mental and dental health

Recognize Your Strengths!

- Knowledge & relationships with patients & families, embedded care coordinator, co-located mental health services

What Can YOU Do by Next Tuesday?

What would YOU be willing to try? Chat in the # for all that apply.

1. Review the AAP Guidelines - <https://publications.aap.org/pediatrics/article/136/4/e1142/73872/Health-Care-Issues-for-Children-and-Adolescents-in?searchresult=1>
2. Start using the code Z62.21 as a secondary diagnosis for all patients in foster care
3. Talk with my office staff and find out what they do when they discover a patient has come into custody
4. Contact my district MCH nurse and ask about their protocol when a patient of ours comes into custody
5. Plan to see my next patient who enters foster care within 30 days for a Comprehensive Health Assessment

Help is Available!

Child Safe Team Program- Childprotectionteam@uvmhealth.org

- James Metz, MD
- Tracey Wagner, RN, MSCN, CPN
- Mary-Ellen Longwood, MSW

Individual Practice Coaching through VCHIP

- Contact VCHIP (Jill.Davis@med.uvm.edu) if you are interested in:
 - individualized coaching to look at your office systems
 - improving communication
 - access to webinars

VT Child Psychiatry Access Program (CPAP)

Thanks!

- VT Department for Children and Families
- VT Department of Maternal & Child Health
- Pilot sites- DCF Districts, Pediatric Practices and FHF Nurses
- DVHA/Medicaid
- Kay Stones
- VCHIP Project Director Jill Davis

References

Health Care Issues for Children and Adolescents in Foster Care and Kinship Care - AAP Policy Statement

<https://publications.aap.org/pediatrics/article/136/4/e1131/73819/Health-Care-Issues-for-Children-and-Adolescents-in>

Health Care Issues for Children and Adolescents in Foster Care and Kinship Care - AAP Technical Report

<https://publications.aap.org/pediatrics/article/136/4/e1142/73872/Health-Care-Issues-for-Children-and-Adolescents-in?searchresult=1>

Pediatrician Guidance in Supporting Families of Children who are Adopted, Fostered, or in Kinship Care

<https://publications.aap.org/pediatrics/article/146/6/e2020034629/33590/Pediatrician-Guidance-in-Supporting-Families-of>

Jee, S. H. & Szilagyi, M. A. (2021). Comprehensive health care for children in foster care. *UpToDate*.

<https://www-uptodate-com.ezproxy.uvm.edu/contents/comprehensive-health-care-for-children-in-foster-care>

Questions?

