Addressing the Health of Children in Foster Care

Rees-Jones Center for
Foster Care Excellence

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Introduction

Studies have shown high rates of physical, developmental and behavioral health concerns (Bennett et al., 2020; Kortenkamp & Ehrle, 2002; Leslie et al., 2005; Simms, Dubowitz, & Szilagyi, 2000; Turney & Wildeman, 2016), along with high rates of health care utilization (Bennett et al., 2020; Harman, 2000), among children and adolescents in foster care. Patient data from our clinics at the Rees-Jones Center for Foster Care Excellence support these findings: Half (50.0%) of patients had at least one behavioral health diagnosis, and one-fourth (26.6%) of patients were taking at least one psychotropic medication.[1] Further, almost three-quarters (70.3%) of patients had a chronic health condition, and a third (35.6%) had complex chronic health conditions.[2] Almost three-fourths (68.5%) of our patients aged 1 month to 5.5 years indicated developmental concern, and more than a third (39.8%) demonstrated developmental delay.[3]

Findings such as these led the American Academy of Pediatrics (Szilagyi et al., 2015) to identify young people in foster care as a population with special health care needs. In 2016, the Rees-Jones Center for Foster Care Excellence produced a white paper entitled, *Addressing the Health and Safety of Children in Foster Care* (Children's Health℠, 2016), which drew attention to some of these needs and made recommendations for promoting improved health-related outcomes for this population. Much has changed during the last six years, and the purpose of this current white paper is to highlight progress made, draw attention to new and continuing challenges, and offer recommendations.

Progress Made

Since the Center's 2016 white paper, several efforts have been undertaken to address health-related concerns among children in care. Relevant legislation from the last three sessions is highlighted in the table below. It is also worth noting that the Health and Human Services Commission (HHSC) and Department of Family and Protective Services (DFPS) have instituted or have under development several changes based on 2022 recommendations from an expert panel appointed under the collaboration agreement of DFPS, HHSC and the *M.D. v. Abbott* plaintiffs aimed at addressing the statewide crisis of children without placement. The response has included items such as hiring clinical coordinators to ensure all children without placement have someone coordinating their services and working on expanding the Turning Point Program, which offers services to prevent placement breakdown.

We have also seen movement in the implementation of in-lieu-of services, as required by SB 1177 from the 86th Session. As of Dec. 1, 2022, three new in-lieu-of services have been added to the list of services MCOs can cover: partial hospitalization, intensive outpatient and coordinated specialty care services. Additional services are still under review.

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[1] Data were retrieved from electronic health records for patients (n=4,977) seen between January 01, 2017, and December 31, 2020. Behavioral health-related data are reported for patients aged 3 to 20 (n=3,067).

[2] The Pediatric Medical Complexity Algorithm (PMCA) was used to determine the chronicity and complexity of patients' (aged 0-20) health conditions. The PMCA is a validated tool that categorizes children's health status into three mutually exclusive groups (non-chronic, non-complex chronic and complex chronic) based on clinical diagnoses.

[3] Results based on scores obtained from 796 patients in 2018 using the Ages and Stages Questionnaire, Third Edition.

Addressing the Health of Children in Foster Care

Legislative Highlights

85th Session (2017)	
SB 11	Includes the requirement of a 3-day medical exam for some individuals newly coming into care. Also required, for the purpose of coordinating the transition of care, DFPS to notify STAR Health when children's placements change so that they could, in turn, notify primary care providers.
86th Session (2019)	
HB 72	Allows adoptive parents of some children with medically diagnosed disabilities to opt into the STAR Health Medicaid program and requires coordination between the STAR Health program and any other managed care organization (MCO) programs to protect continuity of care following adoption.
SB 195	Requires DFPS to collect information related to children who test positive at birth for alcohol or a controlled substance, exposures that can have short- and long-term impacts on a child's health.
SB 1177	Permits MCOs to offer certain evidence-based services in lieu of other mental health or substance use disorder services by a Medicaid managed care organization.
87th Session (2021)	
SB 1896	Requires residential childcare facilities and foster care child-placing agencies to have evidence-based suicide prevention, intervention and postvention policies in place; HHSC to develop a pilot program to improve the use of telehealth services for mental and behavioral health; DFPS to increase availability of treatment in foster care, which seeks to place children experiencing emotional, behavioral or mental health challenges in a family home environment; and HHSC to annually provide recommendations to DFPS for improving coordination of health care based on a review of use of benefits in the Star Health program.
SB 1059	Requires the creation of a streamlined process for determining eligibility for Medicaid – including automatic enrollment or recertification – and a simplified recertification process if needed to help prevent unnecessary interruptions to health coverage for young people formerly in foster care.
SB 1575	Provides the opportunity through a DFPS pilot to develop Qualified Residential Treatment Programs (QRTPs) to care for children in foster care with significant behavioral health challenges and increases judicial oversight to ensure that children with significant behavior challenges staying in QRTPs will be transferred to homes with families as quickly as possible.
HB 700	Requires DFPS to ensure that before youth aged 14 or older leave foster care, they have an email address through which they can receive encrypted copies of personal documents and records, including Medicaid cards. It further states that youth aged 17 or older must have access to a program supervised by a healthcare professional to assist with independent medication management.

Rees-Jones Center for Foster Care Excellence

The only clinic of its kind in North Texas, the Rees-Jones Center for Foster Care Excellence at Children's Health brings together experts in pediatrics, behavioral health, research and child welfare to benefit children and families currently or previously involved in the child welfare system. The Center is dedicated to addressing the complex needs of children with experience in the child welfare system while also advocating for increased and improved access and resources for children and their families in the Dallas-Fort Worth area and throughout the state of Texas. From 2014 through midyear 2022, the Center provided integrated, trauma-informed pediatric primary and behavioral health care to approximately 15,000 patients.

Our Model

Services provided by our team are designed to offer comprehensive care that includes child behavior and development support, care coordination and community referrals to address each child's special health care needs. Our services include:

- Medical, developmental and mental health shared treatment planning
- Primary care, including well visits and same-day sick visits
- Trauma-informed psychological assessments
- Focused, evidence-based, trauma-informed individual and family psychotherapy (e.g., trauma-focused cognitive behavioral therapy, parent-child interaction therapy, play therapy)
- Child psychiatry and medication

Our care coordination services include locating medical and immunization history, coordinating referrals and other services, and serving as a point of contact for caregivers. Each clinic also houses a DFPS employee – a CPS Healthcare Liaison – to assist with communication and information sharing. Finally, care conferences involve bringing together stakeholders (e.g., caregivers, CPS, community providers, CASA, child-placing agencies, schools) for discussion and problem-solving on topics ranging from medical and behavioral health needs to transition planning and placement supports.

Outstanding Challenges

Despite these developments, a number of gaps in care remain. (Recommendations for addressing these gaps are detailed below.) Further, only some of the changes required by enacted legislation have come to fruition. For example, the requirement in SB 11 from the 85th legislation did not include funding for necessary updates in the DFPS data system to allow accurate transfer of transition notification to the Star Health MCO. DFPS has announced that it found funding in existing appropriations to implement SB 195 from the 86th session in Fiscal Year 2023.

Recommendations

Our overarching recommendations are:

1. Strengthen the quality and array of behavioral health services for children in foster care.
2. Promote and expand trauma-informed practices and training for individuals and organizations involved with the child welfare system.
3. Increase access to supportive services for families to allow children to remain safely in their home and/or with relatives.

Addressing the Health of Children in Foster Care

General Health Care

Challenges	Recommendations	Relevant Stakeholders
Expand Star Health medical and behavioral health provider network	Fully implement SB 1896 from the last Legislative session, which requires STAR Health contract to have adequate capacity for meeting mental and behavioral health needs of children and youth in foster care	Legislature, Superior Star Health
Ensure the highest standard of care for children with experience in child welfare	Follow American Academy of Pediatrics Health Care Standards by adding to the 3 in 30 requirement: follow-up health visits within 60 to 90 days of placement and twice a year for individuals between 24 months and 21 years of age	DFPS, HHSC, Superior Star Health
Promotion of 3 in 30 requirement	Increase efforts to promote 3-day medical visits to ensure completion, emphasizing the role of 3-day visits in identifying immediate health needs of children newly placed in foster care	Legislature, DFPS, Superior Star Health
Care coordination and communication	Improve communication between health care providers and DFPS by funding CPS Healthcare Liaison positions or investing in a system that allows data-sharing between health care organizations and DFPS Implement 2017 legislation (SB 11) requiring that primary care providers be notified when a child changes placement to facilitate transition of care Involve primary care providers in primary medical needs staffings, and implement a process for ensuring follow-through on the recommendations made during such staffings Enhance care coordination by embedding Star Health liaisons in medical home settings; increasing per-member per-month payments to cover the cost of care coordination; and increasing reimbursement rates for integrated care	Legislature, DFPS, Superior Star Health
Address the needs of children in foster care who experience prenatal drug and alcohol exposure	Organize a task force that includes pediatricians, nurses, obstetricians/gynecologists, neonatologists, CPS stakeholders, and physical, occupational and speech therapists to identify and/or develop policies, procedures and practices for screening for and treating children with prenatal drug exposure	HHSC, DFPS

Behavioral Health Concerns

Challenges	Recommendations	Relevant Stakeholders
Difficulty obtaining timely, easily accessible, evidence-based behavioral health services	Continue reimbursement for behavioral health services delivered via telehealth Continue support for the Child Psychiatry Access Network (CPAN) – and consider adding access to foster care-specific resources/ supports – and Texas Child Health Access Through Telemedicine (TCHATT) programs Invest in mobile crisis response units to help young people who are experiencing an emotional or behavioral crisis by interceding during the immediate crisis and assisting families in becoming safe and supportive Increase funding for and access to treatment foster care Implement recommendations from the SB 1575 report to the Legislature regarding residential treatment centers, including improving cross-sector communication for young people involved in multiple systems; prioritizing and encouraging evidence-based, culturally responsive practices and treatments; and ensuring appropriate and timely transition planning Engage in efforts to recruit and retain mental health professionals who accept Star Health insurance Continue to expand the Turning Point program, which offers services to prevent placement breakdown	Legislature, HHSC, DFPS, Superior Star Health
Insufficient reimbursement for the time it takes to administer the state's primary mental health screening tool	Increase reimbursement rate for the CANS assessment to reflect the actual time it takes to properly administer it	HHSC, Superior Star Health
Lack of information-sharing and care planning for placement changes	Offer a PMN-equivalent staffing when children with critical behavioral, developmental and/or mental health needs experience a placement change	DFPS, Superior Star Health

Challenges	Recommendations	Relevant Stakeholders
Lack of ongoing monitoring of trauma symptoms	Require ongoing trauma symptom screening	HHSC, Superior Star Health
No required trauma screen for children under the age of 3	Require a trauma screen for children under the age of 3, such as the Early Childhood Traumatic Stress Screen (ECTSS) or the Child Behavior Checklist (CBCL)	Legislature
Lack of training in trauma-informed care in many sectors (e.g., schools, health care facilities, residential treatment centers) that interact with children in foster care	Design incentives to encourage trauma-informed training at the individual and organizational levels. Incentives could include a loan forgiveness program, Star Health payment for training completion and/or offering a trauma-informed designation in the provider directory, and/or offering grants to organizations interested in becoming trauma-informed. Increase access to trauma-informed caregiver trainings that are based on research evidence and teach about evidence-based treatments (e.g., NCTSN's Resource Parent Curriculum) for foster and kinship caregivers.	Legislature, HHSC, DFPS

Improve Education and Support for Young People Transitioning out of Care and Kinship Caregivers

Challenges	Recommendations	Relevant Stakeholders
Current efforts to prepare young people to manage their health and social needs are insufficient	Develop a mobile application or other electronic data system, specifically for youth transitioning out of foster care, to allow secure, HIPAA-compliant storage of health information, access to reputable health information and links to other relevant resources Implement HB 700 from last Legislative session, which requires DFPS to ensure youth leaving care who are 14 years of age or older have an email address, receive an encrypted copy of personal documents and records, receive a Medicaid card and participate in a program supervised by a health care professional to assist youth with independently managing their medications Implement, with engagement from health care providers, DFPS staff, caregivers and individuals with lived experience, a mandated, standardized medical/behavioral health care transition process	Legislature, DFPS, HHSC
Lack of equity in support for kinship caregivers	Increase material supports (e.g., compensation, respite services) for kinship caregivers In line with the Family First Prevention Services Act, build on efforts to connect kinship caregivers with resources and training by expanding kinship navigator pilots Reduce barriers to verification for kinship caregivers	Legislature, DFPS

Resources

American Academy of Pediatrics and Child Welfare League of America Health Care Standards for Children and Teens in Foster Care, https://www.aap.org/en/patient-care/foster-care/health-care-standards/

National Child Traumatic Stress Network Resource Parent Curriculum, https://www.nctsn.org/resources/resource-parent-curriculum-rpc-online

Relevant DFPS Guides:

Medical Services Resource Guide, https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Medical_Services_Resource_Guide.pdf (Policy 11000)

Medical Consent Resource Guide, https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Medical_Consent_Resource_Guide.pdf (Policy 111000)

Mental Health Resource Guide, https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Mental_Health_Resource_Guide.pdf (Policy 11600)

CVS YES Waiver Resource Guide, https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/YES_Waiver_Resource_Guide.pdf (Policy 11600)

Primary Medical Needs Resource Guide, https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Primary_Medical_Needs_Resource_Guide.pdf (Policy 11400)

3 in 30 Resource Guide, https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Three_in_Thirty.pdf

Star Health: A Guide to Medical Services at CPS, https://www.dfps.state.tx.us/child_protection/Medical_Services/default.asp

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