

Enhancing the Healthy Development of Young Children in Foster Care

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Sounding the Alarm

- 250,000 Maltreated infants and toddlers- the highest rate for all children
- 100,000 Maltreated babies under age 1
- <75% of maltreatment deaths involve children under age 3
- 100,000 maltreated children are removed and placed in foster care
- Infants and toddlers constitute the majority of substantiated medical neglect cases

DHHS 2008

Sounding the Alarm

- 1/3 of all children admitted to care under age 3
- 1 in 6 children admitted to care under age 1
- Half of infants found maltreated are placed in care
- Infants and toddlers are more likely to remain in and return to care than older children

▪ DHHS, 2008

Sounding the Alarm

- Nearly 80% of young children exposed prenatally to substance use
- Nearly 40% are born premature or low-birth weight
- >50% have a chronic medical condition
- >50% have a developmental delay

Sounding the Alarm

- 4-5X rate of developmental delays as age cohorts
 - >50% have a speech or language delay
 - 30% have motor delay
 - Half have behavior or emotional delays
- warranting clinical intervention

Why Focus on Young Children?

- Laws and programs exist to promote the physical, developmental and emotional well-being of young children in foster care
 - Adoption and Safe Families Act (ASFA)
 - Child Abuse Prevention and Treatment Act (CAPTA)
 - Medicaid/EPSDT
 - Part C of IDEA

History of Young Children in the Child Welfare System

- Passage of Adoption Assistance Act in 1980 provides court reviews, preventive services
- 1984-250,000 children in care
- 1990- 500,000 children in care
- Why? Epidemics of crack/cocaine and HIV
- Changes population to very young children and families with very complex problems

Adoption Assistance and Child Welfare Act (1980)

- Designed to preserve families and promote permanency planning
- Required states to develop preventative care and family reunification programs
- Required case plans for services
- Required “reasonable efforts” to avoid removal of children from their biological homes
- Increased reliance on kinship foster care

Adoption and Safe Families Act (ASFA)

- Passed in 1997
- Changed the paradigm
- Move from focus on preventive services to permanency

- Emphasized child welfare system's goals of
 - Safety
 - Permanency
 - Child & family well-being
- Clarifies circumstances under which states do or do not remove or reunify
- Child's health and safety is the paramount concern
- Time frame for Termination Parental Rights
 - 15/22 months

Connections to Permanency

- Parenting a child with health problems or disability impacts family resources
- Children with disabilities maltreated twice as often as children without disabilities
 - Emotionally neglected 3x as often
 - Physically abused and neglected 2x as often

Adoption and Act (ASFA)

Safe Families

- Federal ASFA regulations specifically hold States accountable for providing services to address the "safety, permanency and well-being of children and families." (45 C.F.R. Part 1357 §1355.33 b (2))
- States must ensure that:
 - "families have enhanced capacity to provide for their children's needs;
 - children receive appropriate services to meet their educational needs; and
 - children receive adequate services to meet their physical and mental health needs."

Medicaid/EPSDT

- All foster children eligible for Medicaid
- All children under age 21 enrolled in Medicaid are entitled under federal law to receive EPSDT services
- Includes immunizations, physical and mental health, vision, hearing, dental, lead exposure screening and health education
- Includes care coordination and transportation

Early Intervention Program – Part C of IDEA

- Children age 0-3 having developmental delay or a condition with a high probability of resulting in developmental delay
- Child and family support services
- “Parent” includes birth or adoptive parents, legal guardian, relative and some foster parents
- Surrogate parent appointed where no parent available

Early Intervention

Services

- Assistive technology services and devices
- Parent training and counseling
- Respite
- Home visits and support groups
- Medical services for diagnostic purposes
- Nursing services
- Nutrition services
- Occupational therapy

- Physical therapy
- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech-language therapy
- Vision services
- Hearing services
- Transportation and related costs

The Keeping Children and Families Safe Act of 2003

- Amends the Child Abuse and Prevention Treatment Act (CAPTA)
- Requires States to develop “provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Act (IDEA).”
- Focus on infants exposed to maternal substance abuse

Individuals with Disabilities Act Part C of 2004

- States receiving Part C funds must describe “State policies and procedures that require a referral for Early intervention services of a child under the age of three who is involved in a substantiated case of abuse or neglect.”

Fostering Connections Act of 2008

- Creates kinship guardian assistance program
- Requires states to develop state plan to coordinate health care for all children in foster care
- Enhances school stability for school-aged children
- Clarifies requirements for adoption assistance

Checklist for the Healthy Development of Foster Children

We would move closer to achieving the goal of healthy development and permanency for every foster child if at least one person involved in a child welfare case asks questions to highlight that child's health needs and identify gaps in services

--Ensuring the Healthy Development of Foster Children: A Guide for Judges, Advocates and Child Welfare Professionals (1999)

Permanent Judicial Commission on Justice for Children Checklist for the Development of Foster Children

- Has the child received a comprehensive health assessment since entering foster care?
- Are the child's immunizations complete and up-to-date for his or her age?
- Has the child received hearing and vision screening?
- Has the child received screening for lead exposure?
- Has the child received regular dental services?
- Has the child received screening for communicable diseases?

Permanent Judicial Commission on Justice for Children Checklist for the Development of Foster Children

- Has the child received a developmental screening by a provider with experience in child development?
- Has the child received mental health screening?
- Is the child enrolled in an early childhood program?
- Has the adolescent child received information about healthy development?

PJCJC “Babies Can’t Wait” Project

Impact and Preliminary Results

- Increased attention to needs of infants, as well as older children in all proceedings
- Focused and strengthened CASA Unprecedented collaboration among court, child welfare system and community-based experts
- Encouraged ACS to revise policy and procedures
- Impact on health care professionals

PJCJC “Babies Can’t Wait” Project

Impact and Preliminary Data

- 100% have up-to-date immunizations
- 76% have an assigned pediatrician
- 69% have an upcoming pediatric visit
- 100 % were referred to EI
- Over 60% found eligible for EI

Infant Checklist

- What are the medical needs of this infant?
- What are the developmental needs of this infant?
- What are the attachment and emotional needs of this infant?
- What challenges does this caregiver face that could impact his or her capacity to parent this infant?
- What resources and supports should be tapped to enhance this infant's healthy development and prospects for permanency?

PERMANENCY HEARING REPORT

SECTION VIII. CHILD'S HEALTH AND WELL-BEING

21. If applicable, note the following for the child:

Significant Chronic Conditions: None

Significant Developmental Delay: None

Mental Health Diagnoses: None

Serious Injuries/Hospitalization: None

Current Medication: None

22. Describe any other significant information about the child's current health and well-being, not included above.

Date of Last Physical	Date of Last Mental Health Appointment, if applicable	Date of Last Dental Appointment	Date of Last Vision Screening	Date of Last Hearing Screening	Immunizations Up To Date
/ /	/ /	/ /	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>

23. Describe any follow-up treatment or recommendations for the child, as a result of the above appointments/screenings.

PERMANENCY HEARING REPORT

SECTION IX. CHILD'S EDUCATION

24. Provide information on the child's current grade level, or program, academic progress, and achievement, and any other relevant educational information.

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25. Describe the steps the agency will take during the next six months to ensure prompt delivery of appropriate educational and/or vocational services to the child if he or she cannot placement as in any proposed placement, if applicable or while in foster or residential placement.

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26. Complete the sections appropriate to the age-based, social, educational status of the child.

a. If the child is under age 3, check which, if any, of the following reflects the child's status:

- involved in an indicated case of child abuse or maltreatment
- suspected to have a disability
- has been found eligible for Early Intervention Services (EIS) prior to an abusive foster care

If one or more criteria are met, check the appropriate boxes.

Referred for EI	Referral Date	Receiving Services	Next Review
<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>

Describe the steps taken to refer the child to Early Intervention Services, the status of the referral and any services the child is receiving. If the child failed to receive services, explain why.

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b. If the child is eligible for Pre-Kindergarten (ages 3-5), check the appropriate boxes.

Pre-K Available	Pre-K Not Available	Not Enrolled	Enrolled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Pre-kindergarten is available and the child is NOT enrolled, describe steps taken to enroll the child.

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PERMANENCY HEARING REPORT

- c. If the child is age three or older and is suspected of having a disability or has been found eligible for Special Education prior to or during foster care, describe the actions of the referee, the Individualized Education Program (IEP) school recommendations and services provided by the school.
- d. If the child is school age (ages 6-16/17, depending on hearing) or eligible to participate in a program leading to a high school diploma, describe the steps taken to enroll the child in a program or continue in a program leading to a high school diploma.
- e. If the child is over age 16/17 (depending on hearing), and the child has elected not to participate in a high school diploma program, describe the steps taken to assist the child to become employed and/or to become enrolled in an appropriate vocational program.