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
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

- Designed to preserve families and promote permanency
- 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 Safe Families Act (ASFA)

- 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
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.

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?
**PJJCJC “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?
SECTION VIII. CHILD'S HEALTH AND WELL-BEING

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

<table>
<thead>
<tr>
<th>Significant Chronic Conditions</th>
<th>None □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Developmental Delays</td>
<td>None □</td>
</tr>
<tr>
<td>Mental Health Diagnoses</td>
<td>None □</td>
</tr>
<tr>
<td>Serious Injuries/Hospitalizations</td>
<td>None □</td>
</tr>
<tr>
<td>Current Medications</td>
<td>None □</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Last Physical</th>
<th>Date of Last Mental Health Appointment, if applicable</th>
<th>Date of Last Dental Appointment</th>
<th>Date of Last Vision Screening</th>
<th>Date of Last Hearing Screening</th>
<th>Immunizations: Yes □ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1</td>
<td>1/1</td>
<td>1/1</td>
<td>1/1</td>
<td>1/1</td>
<td>Yes □</td>
</tr>
</tbody>
</table>
SECTION IX. CHILD’S EDUCATION

24. Provide information on the child’s current special education program, including progress and milestones, and any other relevant educational information.

25. Describe the steps the agency will take during the next planning process to develop a plan for providing appropriate educational and/or vocational services for the child, including current placement, or in any proposed placement, if applicable, or while waiting for final placement.

26. Complete the sections appropriate to the申请了和 educational status of the child.

a. If the child is under age 3, check which, if any, of the following applies to the child.

☐ involved in an indicated case of child abuse or neglect
☐ suspected to have a disability
☐ has been found eligible for Early Intervention Services
☐ prior to or during foster care

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

<table>
<thead>
<tr>
<th>Referred for EI</th>
<th>Referral Date</th>
<th>Receiving Services</th>
<th>EIEF Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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 tested above level yet been referred, explain why.

b. If the child is eligible for Pre-Kindergarten (frequently referred to as preschool), check the appropriate boxes.

<table>
<thead>
<tr>
<th>Pre-K Not Available</th>
<th>Pre-K Available</th>
<th>Not Enrolled</th>
<th>Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

If Pre-kindergarten is available and the child is NOT enrolled, reasons may be given to explain the child.
PERMANENCY HEARING REPORT

c. If the child is age three or older and has been found ineligible for Special Education prior to or during foster care, describe the status of the referral, the Individualized Education Program (IEP), related recommendations and services provided by the school.

d. If the child is school age (ages 6-16/18, depending on locality) or elects 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 locality), 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.