

Improving Outcomes for Children and Families



PIP TIPS: Item 22 Physical Health of the Child

Each issue of Program Improvement Plan (PIP) Tips focuses on one aspect of the safety, permanency and well-being of children in Minnesota. This issue examines the physical health of children, included in Well-being Outcome 3.

Well-being Outcome 3:

Children receive adequate services to meet their physical and mental health needs.

Related Performance Items:

Item 22: Physical health of the child.

Item 23: Mental health of the child.

The Minnesota Child and Family Service Review evaluates physical health of the child based on the following criteria:

- Assessment of children's health and dental needs
- Provision of adequate services to meet health and dental needs.

Children who enter the child welfare system, already exposed to poverty, substance abuse, and parental neglect and abuse, are far more likely than other children to have fragile health. Yet there has been relatively little attention focused on linking child welfare practice with health care strategies that could effectively address the risks these children face, (Dicker, et.al., 2002).

Similar to results of federal Child and Family Service Reviews, findings from Minnesota's Child and Family Service Reviews frequently identify a deficit of dental providers willing to provide services for children on Medical Assistance. This is viewed as a barrier to meeting dental needs of children, (Administration of Children and Families, 2004).

Minnesota Child and Family Service Reviews rated performance on meeting physical health needs a strength in nearly 83 percent of the cases reviewed from 2003 through 2005. In order of performance, physical health of the child ranked 12 out of 24 performance items.

**The Minnesota Department of Human Services and County Social Service Agencies:
Working Together to Improve Outcomes for Children and Families**



Putting Good Practice Into Practice

One Minnesota county provides foster parents with a well-organized and comprehensive “traveling file” when children are placed in their care. The file includes the child’s health history, immunization records, health plan information, medication sheets and forms that foster parents use to record medical appointments and needed follow up. The file “travels” with the child from one placement setting to another, or from foster care to a permanency home, ensuring up-to-date medical history and continuity of health care services.

Additional examples of good practice for meeting physical health needs of children in Minnesota counties include:

- Inviting pediatricians to participate on local child protection teams
- Coordinating with local public health agencies to provide outreach for the Child and Teen Checkup program
- Developing medical protocols for meth exposed children.

Assessing Children’s Health and Dental Needs

When children with presenting problems such as medical neglect, failure to thrive, or prenatal exposure enter the child welfare system, their physical health needs are the primary focus of the child protection assessment. Assessing and meeting their physical health needs are central to deciding service interventions and developing the case plan. When physical health needs are less obvious, a health screening is an important first step for evaluating a child’s health status to identify health problems that may require immediate attention or further assessment.

Because of their special legal status, children in foster care warrant more comprehensive health assessments and health-related services designed to address their overall physical, dental, mental/emotional and developmental strengths and needs (McCarthy, 2002).

Parents are vital sources of information about their child’s health care history and health care needs. Involving families as partners in assessing physical health needs, and planning for ongoing health care, ensures that their child’s health care is addressed in the context of the family’s strengths, needs, culture, beliefs and environment, (McCarthy, 2002).

Undetected and unaddressed health needs jeopardize children’s healthy development, and may create barriers to permanency. For parents struggling with addiction, mental illness or extreme poverty, the strain of meeting their child’s health needs makes it more difficult to manage the daily challenges of parenting. If severe enough, unmet health needs of children in foster care can undermine efforts to reunify families, maintain children in stable settings, or recruit and retain foster and adoptive families, (Dicker/Gordon, 2004).

Providing Health and Dental Services

All children need routine health and dental care, comprehensive medical monitoring, treatment for minor illnesses, and immunizations to grow up healthy. Children in the child welfare system, particularly those in foster care, often need health-related services and treatment beyond those needed by the average child, (U.S. Government Accounting Office, 1995).

Meeting children's physical health needs requires a comprehensive, coordinated and continuous plan of care that clearly defines the tasks, roles and responsibilities of the agency, the child's biological family, and the foster family. It is also essential to identify and provide support services that enable caretakers to attend to a child's health care needs, (McCarthy, 2002).

Meeting health and dental needs of children also requires access to primary and specialty health care services, and to a service array that includes a range of interventions, from prevention to intensive treatment. Strategies that enhance access, such as facilitating eligibility for Medical Assistance, providing transportation, training providers on the special needs of children in foster care, and co-locating health service providers are essential to meeting children's health and dental needs.

Some Minnesota counties are facing an emergent challenge of meeting health and dental needs of undocumented immigrant children. Their status precludes eligibility for Medical Assistance, which limits their access to preventative and routine health and dental services. Counties express legitimate concerns regarding their capacity to meet the needs of this population as they become increasingly represented in the child welfare system.

Minnesota Requirements

Minnesota has established requirements and best practice standards for meeting physical health needs of children. Minnesota Rule 9560.0600 defines local agency provisions for meeting the health and dental needs of every child in placement.

Requirements related to planning for the physical health needs of children in foster care, as well as requirements for ensuring that children entering foster care receive a physical examination, are contained in Minnesota Statutes 260C.212 sub. 1(c) and sub. 4.

The Social Service Information System (SSIS) provides access to assessment and case planning formats and tools that aid agencies in meeting physical health needs of children. These include:

- Out-of-home placement and child protective services plan formats with sections that address the physical health needs of children.
- Child Well Being Tool, used to assess presenting strengths and needs of children across eight factors of child well-being, including physical health.
- Family Assessment of Strengths and Needs, which assesses child and family characteristics across 13 variables, including physical health of children. This assessment assists the worker in developing a case plan.
- The Background and Health History form, which is completed upon entry into foster care, is used to compile, centralize and document children's pertinent health information.

Minnesota's Child and Teen Checkup program meets the federal requirement for offering and providing Early Periodic Screening, Diagnosis and Treatment services to children eligible for Medical Assistance. Providing a Child and Teen Checkup fulfills the health examination requirement for children entering foster care, and serves as a gateway to other health-related services, (Minnesota Department of Health Web site).

Improving Performance

County agencies can improve performance on meeting health and dental needs of children by addressing key systemic issues; focusing supervision on critical areas of practice; and implementing quality assurance practices, including the use of data. Strategies for improving performance on meeting health and dental needs of children include the following:

- Define clear expectations and policies for assessing and providing health services to children. Include expectations for addressing physical health needs in case plans.
- Ensure training for case workers, foster parents, court personnel and service providers on the unique physical health needs of children in the child welfare system.
- Include information on meeting physical health needs of children as part of foster parent training and orientation materials.
- Clarify roles and communicate responsibilities between social workers and foster care providers when meeting the health needs of children.
- Work with local Children's Justice Initiative teams to adopt the *Healthy Foster Care Checklist* to ensure that health-related needs are addressed in the court process.
- Assess availability and access to health and dental providers to meet the needs of children on Medical Assistance.
- Assess availability and access to services that support caregivers in attending to children's health care needs.
- Conduct case consultation and case reviews that target assessment and delivery of health related services.
- Institute naming protocols to clearly identify activities associated with addressing the health needs of the child in the SSIS case chronology.

Resources and Technical Assistance

- Administration of Children and Families, (2004). *General Findings from the Federal Child and Family Service Reviews*. Available at: <http://www.acf.dhss.gov/programs/cb/cwrp/index.htm>
- Case Review and Consultation Guide available on DHS Supervisor's Web site: http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_000308/hcsp
- Dicker, S., Gordon, E. and Knitzer J. January 2002. *Improving the Odds for the Healthy Development of Young Children in Foster Care*. National Center for Children in Poverty. Available at: http://www.nccp.org/pub_pew02b.html
- Dicker, S., Gordon, E. January 2004. *Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals*. Available at: <http://www.zerotothree.org/policy/policybriefs/ensuringhealthydev.pdf>
- McCarthy, Jan. September 2002. *Meeting the Health Care Needs of Children in the Foster Care System*. Georgetown University Child Development Center. Available at: http://gucchd.georgetown.edu/files/products_publications/fcsummary.pdf
- Minnesota Department of Health-Child & Teen Check-up Web site: <http://www.health.state.mn.us/divs/fh/mch/candtc.html>
- U.S. General Accounting Office. (1995). *Foster care: Health Needs of Many Young Children Are Unknown and Unmet* (GAO/HEHS-95-114). Washington D.C. Available at: <http://www.gao.gov/archive/1995/he95114.pdf>