



Meeting Agenda
System Building to Support Children in Crisis
Jury Assembly Room GRIC Judicial Court
721 W. Seed Farm Rd 280 South

Agenda

Thursday, November 13, 2013
2:30 p.m. – 4:00p.m

1. Welcome and Introductions Judge Kami Hart
Group Members

2. Overview and notes from October 3, 2013 Meeting Karen Wolf, CASA
 - Q1. Develop Passport or Checklist- document which will stay with child. Documents well child visit's, medications, vaccinations, dental visits/exams/needs, hearing, vision screenings and follow-up, behavioral health assessment and support and developmental screenings
 - Q2. Training for foster parents and health professionals on health needs of foster children to ensure children get all screenings during doctors' visit. Possible partnership with Early Childhood Special Services to receive developmental screen in clinic/hospital?
 - Q3. Can/should foster children have priority to see doctor/dentist/behavioral health specialist? Could prioritization parallel early care priority for foster children?
 - Q4/5. Medical Home = GRHC but many children are placed outside of the Community in foster care. (2) Issues not enough foster homes and foster families living outside of Community not able/willing to drive to community to see doctor. Currently, 13GRIC licensed foster families w/in Community. *Additional information needed in this area to have better conversation. %of foster children placed outside the Community.*
 - Q6. Behavioral Health: Additional training may be needed on the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) framework for New Beginnings staff working with very young children in Foster care.
 - Q6. Training: infant toddler mental health to foster parents, parents,

TSS, Attorneys, CASAs, Judges, Early Childhood Special Services.

3. Continued: Assessing and Addressing the **Health, Mental Health, & Developmental Needs** of Young Children Exposed to Trauma and Separation Judge Kami Hart
4. December Meeting Discussion:
Complying with the Child Abuse Prevention and Treatment Act (CAPTA) Requirement for Referral to Part C of IDEA.
5. January Meeting Date
Assessing and addressing the needs of infant, toddlers and their families who become known to the child welfare system.

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Questions for Group

- *Half of maltreated infants exhibit some form of cognitive delay. Research shows that connecting babies to high- quality, research based services that begin early can improve the odds of positive outcomes.*

- A. Assessing and Addressing the **Health, Mental Health, & Developmental Needs** of Young Children Exposed to Trauma and Separation

- 1. Young Children known to the child welfare system receive regular health care visits per the American Academy of Pediatrics' (AAP's) recommended schedule for preventative pediatric health care. **NOTE:** AAP recommends children receive preventive health care visits prenatally, at birth, 5 days, 1 month, 2 months, 6 months, 9 months, 12 months, 15, 18, 24, 30 months and 3 years.

- 2. Health care visits regularly include screenings for developmental, hearing, vision, behavioral, motor, language, social, cognitive, and emotional skills using reliable tools that are age and culturally appropriate. **NOTE:** Screenings should begin at birth and be repeated regularly (AAP notes when different screenings should occur) so that problems can be identified and addressed early. Connecting infants and toddler to services early can minimize the long-term effects of developmental delays and other health problems. Screening for the possibility of prenatal alcohol, or drug exposure is critical in this population.

- 3. Young children known to the child welfare system receive oral health care per the AAP Dentistry Recommendations.

- 4. Young children known to the child welfare system have pediatric medical homes. **NOTE:** Research shows that children with special health care needs in particular receive more timely and thorough care when they are connected to a medical home.

- 5. When children are placed into foster care, efforts are made to ensure they stay with their pediatric medical home **NOTE:** It is important in all aspects of the lives of infants and toddlers in foster care to provide continuity of relationships. Their health care provider is an important example of this.

- 6. Young children known to the child welfare system who are eligible for Medicaid receive comprehensive physical and mental health assessments using the Medicaid Early Periodic Screening,

Diagnosis, and Treatment (EPSDT) framework. **NOTE:** Children in foster care should receive in person assessments within 30 days of entering care.

7. Parent of young children known to the child welfare system are involved in evaluation their children's health. **NOTE:** For example, the Ages and Stages Questionnaire (ASQ) can be used with parents to track children's development and to help parents understand what is developmentally normal at various ages. Important to provide guidance to parents about what is developmentally appropriate for the child's behavior and to offer them coping strategies to help them stay ahead of the child's exploration.
8. Temporary caregivers are informed of children's health needs and developmental status.
9. Young children with suspected health or developmental problems receive:
 - a) Referrals to specialists
 - b) Follow-up
10. Services are available to young children known to the child welfare system for the full range of developmental challenges a child might face, including social-emotional issues and fetal alcohol spectrum disorders. **NOTE:** these service include providers of physical and occupational therapy and mental health clinicians capable of providing a range of family, group, play and dyadic therapies.
11. Infants and toddlers are successfully connected to the services needed to address identified developmental challenges.