Youth in Foster Care: Update from the 2015 AACAP Practice Parameter

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Goals of Course

• Define commonly used terms

• Review the history and ecology of youth in foster care

• Summarize the 11 core principles for assessment and treatment of youth in foster care
Definitions

• Child Welfare System
  – Promote well-being of children
  – Ensure safety, achieve permanency, strengthen families

• CASA
  – A volunteer, appointed by court, advocates for youth’s best interest; CANNOT consent for care

• GAL
  – Lawyer or layperson, appointed by court, represents youth’s best interest AND may serve as guardian

http://www.childwelfare.gov/admin/glossary/index.cfm
• Foster Care
  – “A service for children who cannot live with their custodial parents or guardians for some period of time.”
  – Intended to be short term
National Placement Distribution

- Non-relative Foster Care: 47%
- Relative's Homes: 27%
- Institutions: 9%
- Group Homes: 6%
- Pre-Adoptive Homes: 4%
- Runaway: 1%
- Trial Home Visits: 5%
- Supervised Independent Living: 1%
- Adopted from ACFARS Report 2012
• Maltreatment
  – Federal: “Child abuse and neglect means, at a minimum, any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk or serious harm.”
Substantiated Maltreatment 2011

Adapted from HHS, Administration for Children and Families, Child Maltreatment 2012
Scope of Foster Care

• 2011 data, 681,000 youth confirmed victims of maltreatment

• 400,000 youth resided in foster care daily

• Total annual cost estimated at $80.2 billion
History

• 1909, White House Conference: Children should be placed in foster care rather than orphanages
• 1935, Social Security Act set national standards for safety and funded state grants for child welfare
• 1970, Federal adoption of ‘best interest of the child’ standard
• 1978, Indian Child Welfare Act – beginning of cultural awareness
WHY NOT JOIN THE FAMILY
BE A FOSTER PARENT
More recent history

• 1980, Adoption Assistance and Child Welfare Act – established the Title IV-E program
• 1994, Multiethnic Placement Act
• 1997, Adoption and Safe Families Act
• 1999, Foster Care Independence Act
• 2008, Fostering Connections to Success and Increasing Adoptions
The Mental Health Connection

• Upwards of 80% foster youth need help for developmental, emotional, behavioral problems

• 5-8 X greater Medicaid service use

• 8-12 X higher mental health expenditures

• 2-8 X more psychotropic prescriptions
The Prescribing Dilemma: Child

- Effects of maltreatment
- Trauma
- Removal
- Multiple placements
- Disrupted attachments
- Poverty
- Gestational exposures
- Genetic vulnerability
The Prescribing Dilemma: Doctors

- Access to Medicaid
- Adequate time to evaluate and reassess
- Limited support for collaboration
- Under-recognition of trauma
- Insufficiently trained workforce
Testimony

FOSTER CHILDREN
HHS Guidance Could Help States Improve Oversight of Psychotropic Prescriptions

Statement of Gregory D. Kutz, Director
Forensic Audits and Investigative Service

National Areas of Concern

- Use in children 3-5 years of age (24)
- Use of 3-5 medications simultaneously (19)
- Use of multiple medications in same class (19)
- Doses exceeding FDA recommendations (12)
- Off label use (12)

Adapted from Leslie et al, Tufts Clinical and Translational Science Institute, 2010
11 Principles

Adapted from the 2015 AACAP Practice Parameter for the Assessment and Management of Youth Involved with the Child Welfare System

www.aacap.org
1. Clinicians should understand the child welfare process and how youth and family may interface with the child welfare system.

Suspected Abuse / Neglect

Report to CPS

- Low risk/no safety concerns
- Moderate risk and safety concerns
- Significant risk/safety concerns
The Child Welfare System

CPS conducts family assessment

CPS investigates

- Substantiated – Dependency court petition filed and safe placement made
- Unsubstantiated – referral to family services (voluntary) or case closed
- Minimal risk/case closed

Community referral / child welfare referral made
Exit from foster care

- Guardianship
- Living with other relatives
- Emancipation
- Adoption
- Reunification

ACFARS Report 2012
2. Clinicians should be familiar with child welfare system core values and principles

- CASSP = Child & Adolescent Service System Program
  - Child-centered
  - Family focused
  - Strengths based
  - Culturally competent
  - Provided in the least restrictive setting
  - Individualize services
  - Coordinate amongst providers and system
3. Clinicians should be aware of a referred child’s current legal status, including who has the authority to give consent for evaluation and treatment

- The child welfare worker is the point of contact for questions regarding legal status

- Biologic parents may/may not be required to be involved in the informed consent process
4. Prior to accepting a referral, the clinician should clarify the circumstances and goals of the referral, and the limits of which services can and cannot be provided

- The clinician is obligated to understand the nature and timing of the referral.

- Informed consent is an ongoing and collaborative process
Types of referrals

• Assessment
  – Includes screening and more in-depth assessment
  – Use techniques which are valid and reliable

• Treatment and Teamwork
  – CFT= family members, community supports, caregivers, primary care providers, educators, mental health providers, special education services, juvenile justice system

• Level of Care Recommendations
  – Carefully consider impact of a more restrictive placement and/or intervention

• Consultation
  – Oversight
Types of Referrals

• Psychiatric Medication Consent and Oversight
  – Second opinions, tracking compliance, expert reviews

• Forensic Assessment
  – It is CRITICAL to understand the difference between therapeutic and forensic roles

• System Advocacy
  – Facilitate and promote effective behavioral health care
5. Clinicians should communicate with the referral source and the child welfare worker to obtain the information needed to proceed with the evaluation

- Ask that youth be accompanied by someone familiar with the youth and their recent functioning
- Only proceed when there is sufficient information and access
- Include: dependency court documents, court evaluations, pediatric/developmental assessments, behavioral health evaluations, school evaluations, documents from juvenile courts
Stop the abuse. Pretty please.
6. Clinicians should involve biological and foster family members in assessment and/or treatment

- Most common permanency plan is family reunification

- Caregivers are necessary to provide information regarding youth function
7. Clinicians should be aware of special considerations in the evaluation and management of youth involved with the child welfare system

• Establish Trust
• Assess youth experience of child welfare system involvement
• Typical development, attachment and disruption
• Trauma
• Adjustment to placement
Evaluation Considerations

• Collaboration
  – Mandated by federal guidelines

• Functioning in Multiple Domains
  – Academic, social, behavioral and emotional

• Movement in the Child Welfare System
  – Advocate for consistency, appropriate transitions, minimal disruption, maintenance of relationships

• Clinician Self-Awareness
  – Transference and countertransference
8. Clinicians should maintain high standards of record keeping with due attention to youth outcomes and confidentiality

• Be mindful that any records can become part of court proceedings

• Although youth are already involved in ‘the system’ any suspicion of abuse/neglect needs to be reported
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9. Clinicians should be familiar with common problems presenting in youth involved with the child welfare system

- Youth 2-14 yoa, only 25% with strong evidence of clinical need received services
- Increased access associated with: severity, older age, history of sexual abuse
- Decrease use of services associated with: African-American, history of neglect

10. Clinicians should be knowledgeable about evidence-based psychosocial interventions for youth involved with the child welfare system

- PCIT
- AF-CBT (Alternatives for Families: CBT)
- TF-CBT (Trauma-Focused: CBT)
- MTFC (Multidimensional Treatment Foster Care)
- MST (MST-CAN)
Depression  Suicide  More Than Bruises  Are Left Behind  Eating Disorders  Poor Health  Anxiety  Anger  Dissociation
11. Clinicians should be familiar with regulations and procedures for prescribing psychiatric medications to youth involved with the child welfare system, and should follow evidence-based and best prescribing practices

- **ASSENT**
- Clinicians are obligated to determine youth’s level of structure, stability and supervision
- Evidence based treatment requires participation of caregivers
“Failure to provide effective psychosocial treatments may lead to an inappropriate emphasis on prescribing psychotropic medication”

AACAP Practice Parameter on the use of psychotropic medications in children and adolescents, 2009
Summary

• A thorough, multi-faceted evaluation, with comprehensive data from multiple sources, is necessary to identify clinical needs

• Collaboration amongst professionals is essential for appropriate treatment

• High fidelity implementation of evidence based models is key to success
We Need Your Help!!
1. Over-prescribing of medications to youth in foster care is associated with all of the following except

• A. Psychiatric visits with youth only
• B. Provider access
• C. Time in the session
• D. Collaboration in CFT
• E. Feedback from foster provider alone

• Correct answer: D
2. Treatment providers can provide forensic opinions to the courts

- True
- False

• Answer: FALSE
3. Goals of the initial assessment of the youth in foster care include all of the following except 

- A. Establishing trust
- B. Assessing youth experience in foster care
- C. Understanding role of typical development and attachment
- D. Understanding impact of trauma
- E. Understanding how the most recent placement perceives the behaviors

Answer: E