

Comprehensive Assessment of the Medical and Mental Health Needs of Foster Children in Maine

Medical and Mental Health Needs of Children in Entering Care in Maine

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Maine Child Traumatic Stress

- 1996
 - Abusive Head Trauma
 - Inter-hemispheric hemorrhage
 - Seizure
 - Severe Neurologic Sequelae
 - Parade of foster children
 - No medical records
 - No known medical history

Maine Child Traumatic Stress

- 1998 Needs of Children Entering Foster Care
 - Conference in Augusta, Maine
 - Baylor Texas
 - Sandy Hodges
 - Mary Dionne
 - Nancy Desisto
 - Ann Marden
 - Lisa Cavanaugh

Medical Needs of Children in Foster Care

Szilagyi, M. The Pediatrician and the Child in Foster Care, *Pediatrics in Review*, 1996;19:38-50

- 80% have at least one chronic medical condition
- 25% have three or more chronic problems
- 60% of preschool children in foster care have a developmental disability
- Nearly 40% of older children qualify for special education services
- Children in foster care tend to be underimmunized, even compared with other poor children

Medical Needs of Children in Foster Care

- Aggressive, reactive behavior
- Secondary enuresis
- Sleep deprivation
- Attend to the threat, not school work
- Constipation
- Increased injuries

Barriers to Care

- Children move in and out of care
- Move between foster homes and residential facilities
- Multiple providers may be involved
- Diffusion of responsibility
- A pattern of inadequate, fragmented, sometimes redundant health care

Barriers to Care

- Lack of Records/Information on entry to care
 - Delayed identification of providers
 - Difficulty acquiring consent to access records
 - Time to review and summarize records
 - Delay in appropriate evaluations

Specialized Programs

- 1988 CWLA
 - Standards for Health Care Services for Children in Out-of-Home Care
 - Initial screen for immediate health needs
 - Comprehensive assessment within one month
 - Developmental and mental health assessment
 - Medical Passport

Specialized Programs

- 1994 Study showed little evidence the CWLA recommendations were implemented
 - Absence of clear State policies
 - Medicaid managed care
 - Lack of funding
- 1994 AAP Committee on Early Childhood, Adoption and Dependant Care recommend a comprehensive and coordinated treatment approach

What is PREP?

- Pediatric Rapid Evaluation Program
- Centralized evaluations
- Medical Home
- Physical and Psychosocial Screening early in foster care for abused/neglected children
- Public/Private Collaboration: DHHS & MaineGeneral Medical Center

What Does PREP Provide?

- Review of medical, dental, developmental, educational and psychosocial records
- Physical examination
- Psychosocial screening
- Current problem list and recommendations
- Behavioral and developmental guidance
- Follow-up medical/psychosocial evaluation

Who Does PREP Serve?

- Children in Temporary State Custody
- Families providing the care
- Primary Care and Mental Health Providers
- Maine's DHHS workers
- Guardian Ad Litem
- Court/District Attorney
- Birth parents/Family

PREP Catchment Area

Somerset, Kennebec, Waldo, Knox, Lincoln, Sagadahoc

Referrals by DHS Region:

Skowhegan	36%
Augusta	42%
Rockland	22%

PREP Data

1999 and 2006

- 996 children entered foster care
- 246 infants age 0-1
- 222 children age 2-5
- 285 children age 6-11
- 243 teens age 12-17

PREP Data

Adverse Childhood Events

- 882 (89%) neglect
- 635 (64%) exposed to domestic violence
- 445 (45%) physical abuse
- Girls (32%) sexual abuse (Teens)
- Boys(21%) sexual abuse (Teens)
- 52 (5%) parent death (10% Teens)
- 35% had >= 4 adverse childhood events

PREP Data
Placement Number

- Children with first placement in an agency setting were more than twice as likely to have placement instability
- 25% of the children had 3 or more placements in a year
- 42% of the teens had 3 or more placements in a year
- There was an association between placement instability and PTSD

PREP Data
Medical Problems

- 3 or more chronic medical problems
 - 37% Age 12-17
 - 27% Age 6-11
 - 19% Age 2-5
- Immunization delay (27%)
- Obesity (20%)
- Asthma (18%)

PREP Data
Behavioral and Developmental Problems

- Developmental delay age 2-5
 - 48% boys
 - 31% girls
- LD/MR age 12-17
 - 21% boys
 - 13% girls
- Behavioral disorder
 - 33% age 2-5
 - 60% age 6-11
 - 73% age 12-17

PREP Data
Obesity (>95%)

- 22% of the teens were >95% BMI, double the 10.9% rate reported for Maine HS students
- Adjusted for age & sex, depressed children were twice as likely to be overweight
- Children with PTSD and depression were 3 times more likely to be overweight
- SSRI use was not associated with overweight, stimulant use was negatively associated with overweight

PREP Data
Outcomes

Dental Problems

	Exam 1	Exam 2
• < Age 5	10%	10%
• Age 5-9	50%	33%
• Age 10-14	44%	22%
• Age 15-17	44%	23%

PREP Data
Outcomes

Active Mental Health Problems

	Exam 1	Exam 2
• < Age 5	41%	37%
• Age 5-9	79%	62%
• Age 10-14	81%	60%
• Age 15-17	88%	67%

**Health Status, Service Use
and Costs among Maine
Children in Foster Care**

Muskie School of Public Service

Prepared by: Erika Ziller, Tina Gressani, Catherine McGuire & Kimberley Fox for the Improving Health Outcomes for Children (IHOC) Program

- Purpose**
1. To inform IHOC program planning with baseline data on the health care use and expenditures of MaineCare children in the foster care program.
 2. To compare use and costs for foster care children that receive comprehensive health assessments through the Edmund N. Ervin Pediatric Center's Pediatric Rapid Evaluation Program (PREP), and those that do not.

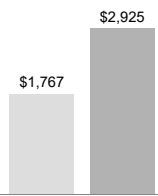
Design and Data

- Study population: All children (age 0-17) receiving foster care services in Maine between January 1, 2007 and December 31, 2009.*
 - PREP: N = 484
 - Non-PREP: N = 3,566
- Placement data source: Maine Office of Child and Family Services Foster Care Placement List
- Health care use and expenditure data: MaineCare claims from MMDSS (MeCMS)

*To ensure that each child could be observed for at least 6 months, analyses include only foster children that had a placement or PREP evaluation by 6/30/2009.

Average Monthly MaineCare Costs Including PNMI (2007-2009)

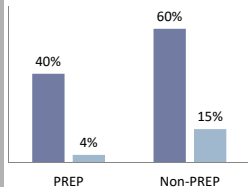
■ PREP ■ Non-PREP



- Based on all MaineCare expenditures, including placement in private non-medical institutions (PNMI), children with PREP evaluations cost about \$1,150 less per month on average.

Percent of Children with High Costs over 3 Years (2007-2009)

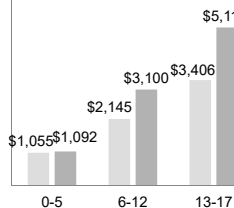
■ \$100K to < \$500K
■ \$500K to \$1 million



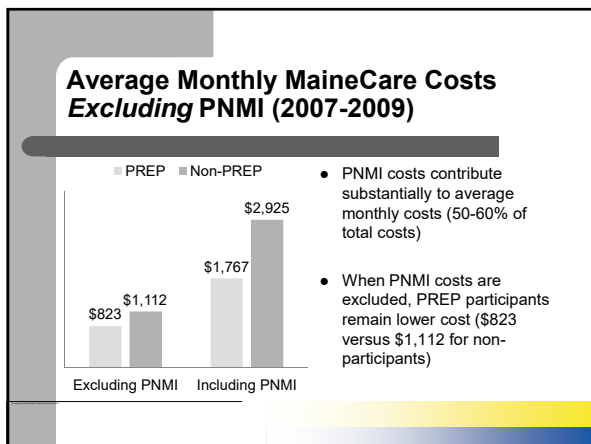
- MaineCare costs for foster care children are skewed, with a small number having extremely high costs
- This is particularly true for non-PREP children, of whom 15% had costs of more than \$500 thousand (compared to 4% of PREP children)

Average Monthly MaineCare Costs by Age (2007-2009)

■ PREP ■ Non-PREP



- One reason for the difference appears to be the greater percent of young kids (0-5) in PREP
- Yet age does not appear to explain the full difference in costs because, within age groups, PREP kids are lower cost



Percent of Children with Service Use, by Service Type (2007-2009)

Service	PREP	Non-PREP
PNMI	31%	39%
Mental Health Agency	59%	58%
Pharmacy	80%	86%
General Inpatient	5%	8%
Psychiatric Inpatient	3%	7%
Physician	87%	82%
Speech Therapy	12%	9%
Occupational Therapy	11%	8%

- PREP children are less likely to be placed in PNMI, have a prescription, or to have general or psychiatric inpatient stays
- PREP children are more likely to see a physician, and to receive speech or occupational therapy

