



Fostering Connections to Success and Increasing Adoptions Act

Health Oversight and Coordination Plans RECOMMENDATIONS AND RESOURCES

The Fostering Connections to Success and Increasing Adoptions Act (PL 110-351), and subsequent amendments, are designed to improve outcomes for children in foster care by enhancing health care and education services, providing networks and support for kinship guardians, and promoting permanent family placement.

Section 205 of the law requires states to develop, in coordination and collaboration with the state Medicaid and child welfare agencies, and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services (Health Oversight and Coordination Plan/HOCP) for any child in a foster care placement.

State plans must ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including [mental health](#) and [dental health](#) needs, and must include an outline of:

- A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.
- How health needs identified through screenings will be monitored and treated.
- How medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record.
- Steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care.
- The oversight of prescription medicines.
- How the state actively consults with and involves physicians or other appropriate medical or nonmedical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.
- Steps to ensure that the components of any transition plan for children aging out of foster care includes information about the options for health insurance; information about a health care power of attorney, health care proxy, or other similar document recognized under state law; and provide the power for a child to execute such an agreement upon exiting care (per PL 111-148).
- Steps to monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings (per PL 112-34).
- Protocols for the appropriate use and monitoring of psychotropic medications (per PL 112-34).

To guide stakeholders working with states in the development of an HOCP for children in foster care, the AAP offers the following recommendations and resources for each of the areas required by federal law.

SCHEDULE FOR INITIAL AND FOLLOW-UP HEALTH SCREENINGS

- A medical/developmental/mental health screening within 72 hours of entering the child welfare system.
- A comprehensive assessment, including review of physical, mental, developmental, and dental health within 30 days after entering the child welfare system.
- Additional visits, as appropriate during the first 60-90 days of entering the child welfare system to assess the child in the process of transition, monitor the adjustment to care, identify evolving needs, and continue information gathering.
- Steps to ensure continuity of health care services, which may include the establishment of a [medical home](#) for every child in care.
- Preventive health care in accord with an enhanced schedule of [well-child visits](#), [immunizations](#), and related care developed by the AAP and collaborative professional organizations to meet the special needs of children in the child welfare system.
- AAP Policy: [Health Care of Young Children in Foster Care](#) | [Health Care of Youth Aging Out of Foster Care](#)

MONITORING AND TREATING HEALTH NEEDS IDENTIFIED THROUGH SCREENINGS

- Health needs identified during screening, comprehensive assessment and other visits should be monitored, treated, and addressed in the [medical home](#) in accordance with [Early Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#) requirements by pediatricians, pediatric medical subspecialists, pediatric surgical specialists, family physicians, and health care clinicians educated and trained in the care of children, in collaboration with caseworkers and the judicial system.
- Ensure that the individuals involved in a child's care know exactly what their responsibilities are and how to fulfill them (eg, social worker is responsible for ensuring that appropriate medical screenings and exams are scheduled and appointments kept; judge is responsible for ensuring that the child is receiving regular medical care).

UPDATING AND SHARING MEDICAL INFORMATION/ELECTRONIC MEDICAL RECORDS

- Access to necessary medical information for others involved in the care of children in foster care beyond the pediatrician and other health care clinicians (eg, social workers, foster parents, judges, educators).
- Address provision of appropriately detailed medical information to a foster family upon placement/ placement change; to the biological family upon reunification; to a family who is seriously considering adoption of a particular child; to the family upon adoption; and to the youth upon aging out of the system.
- AAP Policy: [Health Information Technology and the Medical Home](#) | [Using Personal Health Records to Improve the Quality of Health Care for Children](#) | [Special Requirements of Electronic Health Record Systems in Pediatrics](#)
- State Resource: [STAR Health](#) (Texas)

ENSURING CONTINUITY OF HEALTH SERVICES AND ESTABLISHING MEDICAL HOMES FOR EVERY CHILD IN FOSTER CARE

- The [medical home](#) is an innovative health care model utilized by pediatricians to provide accessible, continuous, comprehensive, patient and family-centered, coordinated, compassionate, and culturally effective care to children. The medical home is important for all children, but critically so for children in foster care, many of whom have health challenges.
 - These health challenges require concerted, coordinated efforts on the part of not only pediatricians, other physicians, and health care clinicians, but the entire child welfare system in order to improve the health and well-being of children in foster care.
 - Establishment of a medical home for every child in foster care in order to maintain continuity throughout placement.
 - Address coordinating care plans that may be developed by physicians other than the child's pediatrician/medical home to ensure appropriate care (eg, monitoring prescriptions, potential interactions, etc).

OVERSIGHT OF PRESCRIPTION MEDICINES

- Every child and teen in foster care should have a mental health evaluation by a qualified pediatric physician or mental health professional trained in pediatrics prior to the prescription of psychotropic medication.
- Any mental health diagnosis that is established should be supported by the child's history and symptoms.
- Symptoms that would interfere with the child's ability to function at home, school, child care, etc, should be addressed.
- Psychotropic medication use should be part of a larger mental health treatment plan that includes therapy, support for the child and his or her parents, education about the diagnosis, etc.
- Psychotropic medication should be appropriate to the diagnosis and prescribed by a child psychiatrist, general psychiatrist who is experienced in pediatric mental health, or in some cases, a pediatrician may be experienced and feel comfortable enough prescribing such medication.
- Start any medication at a low dose and increase slowly with close monitoring for side effects and efficacy.
- Discontinue or reduce dose as appropriate for side effects.
- Use lowest dose that is effective with minimal side effects.
- Periodic review of the child's mental health status should be undertaken with attention to the efficacy of the medication, whether there is an ongoing need for its use, presence of side effects, dosage, etc.
- Some children have significant mental health and behavioral problems and may benefit from treatment with more than 1 psychotropic medication. When more than 1 such drug is indicated by a child's symptoms and partial response to the first medication, the physician should make a choice that follows all the guidelines above, plus ensure that the psychotropic medication does not interact adversely with the other medications the child may be taking.
- State Resource: [Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care](#) (Texas)

STATE CONSULTATION WITH PEDIATRICIANS AND OTHER PROFESSIONALS TO DETERMINE APPROPRIATE MEDICAL TREATMENT FOR CHILDREN IN FOSTER CARE

- Input from pediatricians, family physicians, and other health care clinicians is critical to improving systems of care for children in the child welfare system.
- [AAP chapters](#) can collaborate with state Medicaid and child welfare agencies to develop a detailed systems algorithm to ensure that medical decisions are made by the appropriate individuals and there is coordination among all parties who are responsible, in whole or in part, for a child's health and medical care.

ENSURING TRANSITION PLANS MEET THE HEALTH CARE NEEDS OF CHILDREN AGING OUT OF FOSTER CARE

- AAP Policy: [Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home](#).

MONITORING AND TREATING EMOTIONAL TRAUMA ASSOCIATED WITH CHILD MALTREATMENT AND PLACEMENT IN FOSTER CARE

- AAP Policy: [Developmental Issues for Young Children in Foster Care | Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health](#).