

# HEALTH CARE NEEDS OF CHILDREN IN FOSTER CARE

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Foster Care Review Board Lunch and Learn

January 8, 2020

Jessica Savage MSN RN CNEcl

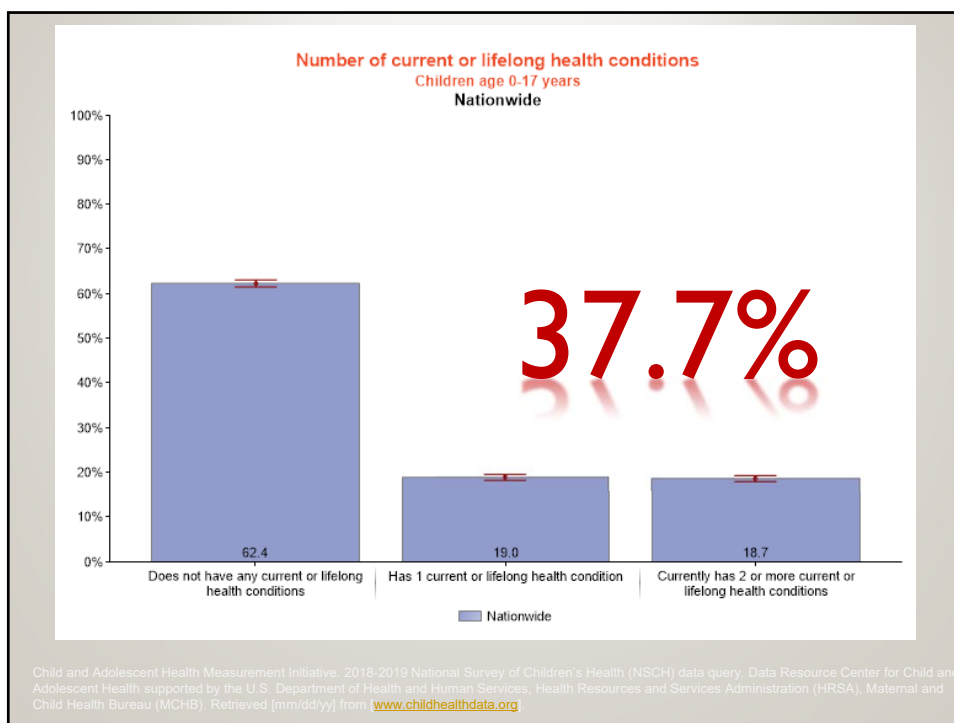
## OBJECTIVES

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Discuss	Discuss factors that may make children in foster care vulnerable to certain health conditions
Review	Review several common childhood chronic illnesses for a broad understanding of treatment and management
Review	Review processes and forms completed in relation to the Foster Care Review Board
Discuss	Discuss why meeting healthcare needs is important to the success of children and families in the Foster Care system

CHILDREN  
IN THE  
CUSTODY  
OF DCS  
HAVE  
HEALTH  
CARE  
NEEDS LIKE  
OTHER  
CHILDREN

- Well-child care
- Immunizations  
[CDC Recommended Child and Adolescent Immunization Schedule 2020](#)
- Treatment for acute illnesses
- Chronic condition management



**BUT,  
CHILDREN IN  
FOSTER CARE  
ARE ALSO  
MORE LIKELY  
THAN OTHERS  
TO HAVE  
PHYSICAL  
AND MENTAL  
HEALTH  
CHALLENGES.**

- Approximately 35% to 60% of children placed in foster care have at least one chronic or acute physical health condition that needs treatment, including growth failure, asthma, obesity, vision impairment, hearing loss, neurological problems, sexually transmitted diseases, and complex chronic illnesses.
- As many as one-half to three-fourths show behavioral or social competency problems that may warrant mental health services.

Stoltzfus, et al. (2014). Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues Congressional Research Service, Washington, D.C.

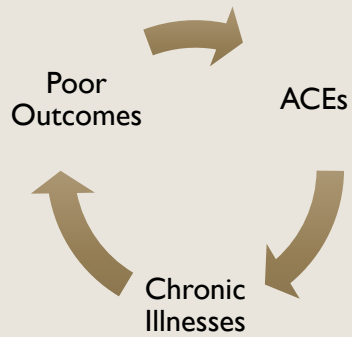


## **HEALTH RISKS**

### Children's vulnerability and risk

- Prior life experiences
- Often previous lack of attention to health care
- Trauma of separation from family
- Ongoing issues of loss while in foster care – multiple placements
- Impact on child health and well being

## OPPORTUNITIES TO INTERVENE



**ACEs = Adverse Childhood Experiences**

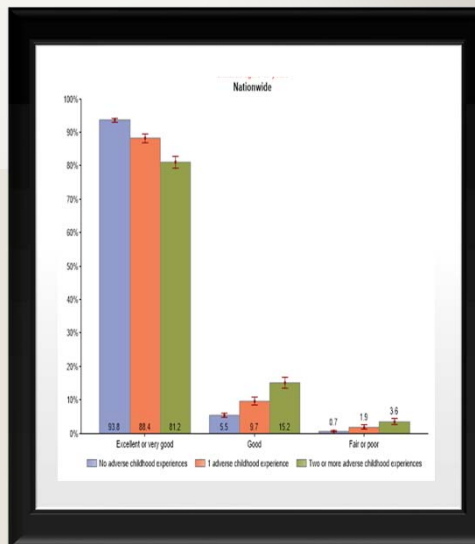
The 3 types of ACEs include



Citation: Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [12/29/20] from [www.childhealthdata.org].

## CHILDREN'S OVERALL HEALTH STATUS AGES 0-17 NATIONWIDE

- Excellent to very good health decreases as ACEs increase
- Fair or poor health decreases as ACEs increase



Citation: Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [12/29/20] from [www.childhealthdata.org].

# Broad Review of Common Chronic Health Issues Among Children

**Asthma** is a disease that affects your lungs. It causes repeated episodes of:



Wheezing

Breathlessness

Chest  
Tightness

Nighttime  
Coughing

Early Morning  
Coughing

Caused by **Allergies** or **Exposure** to Irritants in small amounts over a long time or high amount in short time



<https://www.cdc.gov/asthma/faqs.htm>



## Medication

- Long Acting
  - Pills
  - Inhaler
- Short Acting
  - Inhaler
  - Nebulizer
- Allergy
  - Antihistamines
  - Nasal spray



## Management

- Education
- Documentation
- Avoid Triggers
  - Allergens
  - Irritants
  - Home Visits
- Exercise
- Avoid Respiratory infections
- Vaccinations
- Have a Plan

<https://www.cdc.gov/asthma/faqs.htm>  
[https://www.cdc.gov/asthma/get\\_your\\_flushots.htm](https://www.cdc.gov/asthma/get_your_flushots.htm)



## Successful Management

- Symptoms no more than 2 days a week, and these symptoms do not wake child from sleep more than 1 or 2 nights a month.
- Child can do all normal activities.
- No more than 1 asthma attack a year that requires medicine for several days to treat the attack.
- Peak flow, a measurement of how well air moves in and out of your lungs, doesn't drop below 80% of personal best number.
- Quick-relief medicines no more than 2 days a week.

<https://www.cdc.gov/vitalsigns/pdf/2018-02-vitalsigns.pdf>

**Asthma** Can be a serious life threatening illness

Untreated or undertreated Asthma can cause life-long damage to lungs and decrease quality of life



<https://www.mayoclinic.org/diseases-conditions/childhood-asthma/symptoms-causes/syc-20351507>

*Snickers?  
No thank you.  
I am allergic  
to peanuts.*

## Food Allergies

A food allergy occurs when the body has a specific and reproducible immune response to certain foods.



<https://www.fda.gov/food/food-labeling-nutrition/food-allergies>

## Symptoms

### Mild

- Vomiting
- Diarrhea
- Cramps
- Hives
- Swelling
- Eczema



### Severe

- Itching or swelling of the lips, tongue, or mouth
- Itching or tightness in the throat
- Difficulty breathing
- Wheezing
- Lowered blood pressure

<https://www.cdc.gov/healthyschools/foodallergies/index.htm>  
<https://www.hopkinsmedicine.org/health/conditions-and-diseases/food-allergies-in-children>

## LIVING WITH FOOD ALLERGIES



<https://pixnio.com/free-images/people/children-kids/boy-eating-beef-chili-with-taco-chips-chocolate-milk-and-pudding.jpg>

- **Daily**
- -Avoid Food Allergies
- -Education
- -Plan
- -Diet
- **Emergency**
- -Education
- -Plan
- -Medication –Epinephrin (Epi-Pen)



<https://www.cdc.gov/healthyschools/foodallergies/index.htm>  
<https://www.hopkinsmedicine.org/health/conditions-and-diseases/food-allergies-in-children>





# Type 2 Diabetes



A chronic health condition that develops over several years and affects how your body turns food into energy, where the body doesn't use insulin well and can't keep blood sugar at normal levels (insulin resistance)

## Risk Factors:

- Being Overweight
- Being inactive
- Having Begun Puberty
- Positive Family History
- Being African American, Hispanic/Latino, Native American/Alaska Native, Asian American, or Pacific Islander
- Having one or more conditions related to insulin resistance

<https://www.cdc.gov/diabetes/basics/diabetes.html>  
<https://www.cdc.gov/diabetes/prevent-type-2/type-2-kids.html>

# Type 2 Diabetes



## Diagnosis:

- Blood Test Blood
  - Glucose
  - Hemoglobin A1C

## Common Meds:

- metformin (pill)
- liraglutide (injection)
- insulin (injection)

## Potential Complications:

- High Blood Sugar-Hyperglycemia
- Low Blood Sugar-Hypoglycemia

## Long-term effects of untreated or undertreated Type 2 Diabetes:

- Heart Disease
- Kidney Disease
- Nerve Damage
  - Digestive
  - Feet and Legs
  - Eye-sight and Hearing
- Decreased Oral Health

<http://www.mayoclinic.org/diseases-conditions/type-2-diabetes/basics/child-en-adult/diagnosis/diagnosis-20255324>  
<https://www.cdc.gov/diabetes/prevent-type-2/type-2-kids.html>

**Supportive Family and Healthcare Team**

This just in! There are things that can be done to prevent or manage Type 2 Diabetes!

**Healthy Lifestyle Decisions Including Health Eating and Increased Activity**

<https://www.cdc.gov/diabetes/prevention/type2/type2tdb.html>  
<https://www.cdc.gov/diabetes/type2.html>

**Epilepsy**

**Epilepsy is a disorder of the brain that causes Seizures.**

- Generalized**
  - Tonic-Clonic Seizures (Grand Mal)
  - Absence Seizures (Petit Mal)
- Focal**
  - Simple
  - Complex

<https://www.cdc.gov/epilepsy/about/types-of-seizures.htm>

## Possible Causes

-  Birth Defects
-  Birth Injury
-  Traumatic Head Injury
-  Infection
-  Stroke

https://www.mayoclinic.org/diseases-conditions/epilepsy/symptoms-causes/20150093 Retrieved 12/30/20



### Medication

- Anti-Seizure Medication
- Consider Type of Seizure
- Consider Side Effects



https://www.epilepsy.com/learn/treating-seizures-and-epilepsy/seizure-and-epilepsy-medicines/medications-children



### Lifestyle Modification

- Diet
- Minimize Triggers
- Avoid Drugs/Alcohol
- Manage Stress
- Healthy Sleep

https://www.epilepsy.com/learn/triggers-seizures

## Education

- Medication
- Plans for different activities
- Monitoring
- Social, Emotional Physical well-being

<https://www.epilepsy.com/learn/managing-your-epilepsy>


## Seizure First-Aid

- How to respond with proper seizure first aid
- When to call for help
- [Detailed Information](#)


<https://www.cdc.gov/epilepsy/about/first-aid.htm>

## CHRONIC CONDITIONS: MENTAL HEALTH AND ADHD

- Mental health is health!!



The diagram consists of two rectangular boxes, one on the left labeled 'Chronic Illness' and one on the right labeled 'Decreased Mental Health'. They are connected by two curved arrows forming a cycle: one arrow points from 'Chronic Illness' to 'Decreased Mental Health' at the top, and another points from 'Decreased Mental Health' back to 'Chronic Illness' at the bottom.



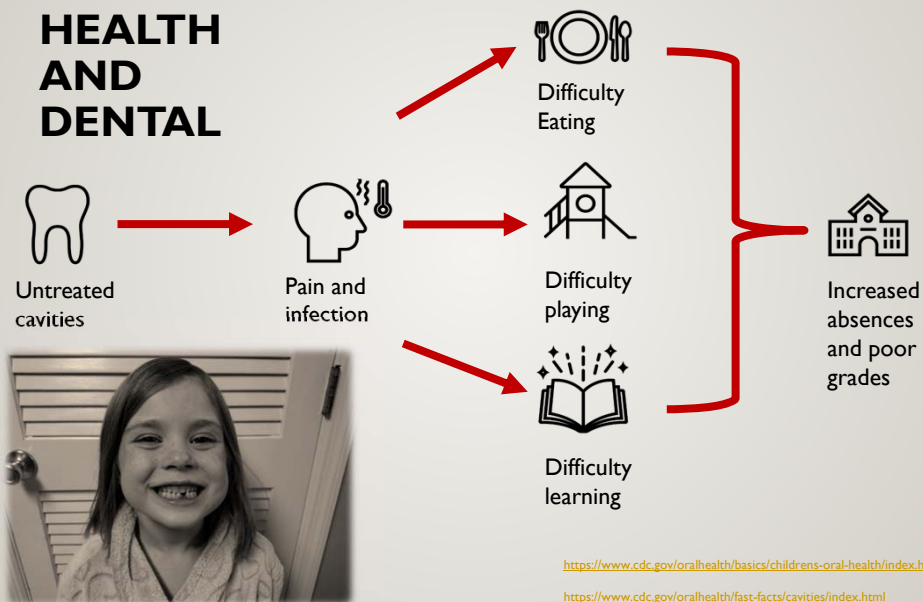
## FOSTER CARE REVIEW BOARD MANUAL –RESOURCE



COMMON MEDICATIONS (Revised July 2019)

Trade Name/Chemical Name/Category	Common Usage Comments	Side Effects/Interactions	Monitoring (*see footer for information)
<b>Abilify/Aripiprazole/ Atypical Antipsychotic</b>	Bipolar Disorder; Schizophrenia; Autism Spectrum Disorder (ASD) (for irritability); Tourette's Not recommended for children < 13 yrs	Headaches, anxiety, decreased sleep, GI upset, drowsiness, blurred vision, tremor, weight gain, orthostatic hypertension, tardive dyskinesia (involuntary movements), <b>suicidal ideation/ Avoid alcohol while using</b>	Personal family history*, liver function, waist circumference at baseline and annually; weight at baseline, first 3 months and quarterly; fasting blood glucose and lipids at baseline, 3 months and annually; weekly face-to-face contact with patients or their family members or caregivers during the first 4 weeks, then at biweekly visits for the next 4 weeks, then at 12 weeks, and as clinically indicated beyond 12 weeks <b>(for suicidal ideation)</b>
<b>Adderall/ Dextroamphetamine salts/ Stimulant</b>	Attention Deficit Hyperactivity Disorder (ADHD) Not studied in children 6-12 yrs	Decreased appetite, decreased sleep, stomachache, fever, headache, dry mouth, nausea, fever, high blood pressure, nervousness, dizziness, psychosis/ <b>Avoid antacids</b>	Blood pressure, height and weight at baseline, monthly; EKG if family or personal history of heart disease*
<b>Ambien/Zolpidem/ Sleep Aide</b>	Insomnia	Headache, drowsiness, dizziness, lethargy, "drugged" feeling, back pain, constipation, palpitations, sinusitis, pharyngitis, influenza-like symptoms, lightheadedness, diarrhea/caution when driving, using alcohol or having diagnosis of depression	No specific recommendations

## YOUNG CHILDREN: HEALTH AND DENTAL

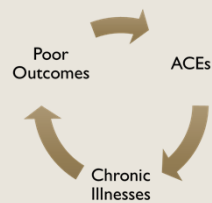


## RISK FACTORS FOR DEVELOPING CAVITIES

- Family members (older brothers, sisters, or parents) have cavities.
- Eating and drinking a lot of sugary foods and drinks, like soda, especially between meals.
- Having special health care needs.
- Wearing braces or orthodontics or oral appliances.

<https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

## CHRONIC CONDITIONS AND QUALITY OF LIFE



- Management and prevention of chronic conditions in children and adolescents can maximize health outcomes and may help improve academic outcomes and lower absenteeism ([Moricca et al., 2013](#); [Rodriguez et al., 2013](#)).
- Medical costs for people with diabetes are twice as high as for people who don't have diabetes (<https://www.cdc.gov/diabetes/basics/quick-facts.html>).
- Children with obesity are more likely to have obesity as adults. This can lead to lifelong physical and mental health problems. Adult obesity is associated with a higher risk of type 2 diabetes, heart disease, and many types of cancers (<https://www.cdc.gov/nccdphp/dnpao/features/childhood-obesity/index.html>).

THE DEPARTMENT OF CHILDREN'S SERVICES  
HAS AN OBLIGATION TO SUPERVISE HEALTH  
CARE OF CHILDREN IN CUSTODY

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Federal child welfare policy requires that child welfare agencies like DCS ensure that the health care records of children in foster care are periodically reviewed and updated. In addition, states must develop a strategy that addresses the health care needs of each child in foster care including, among other things, health care screenings and oversight of prescription medicines.



## DCS ADMINISTRATIVE POLICIES AND PROCEDURES: 20.7

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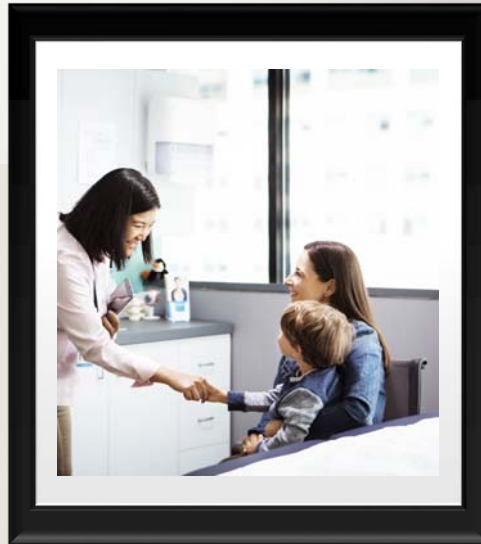


- "All children/youth in DCS custody receive timely and appropriate health care services. The early periodic Screening, Diagnosis and Treatment (EPSDT) screening identifies medical, mental health and/or dental needs for children and Youth as they enter DCS custody and is the gateway through which DCS accesses services to meet those needs."
- DCS coordinates EPSDT services for all children in care, including those that are not TennCare eligible.

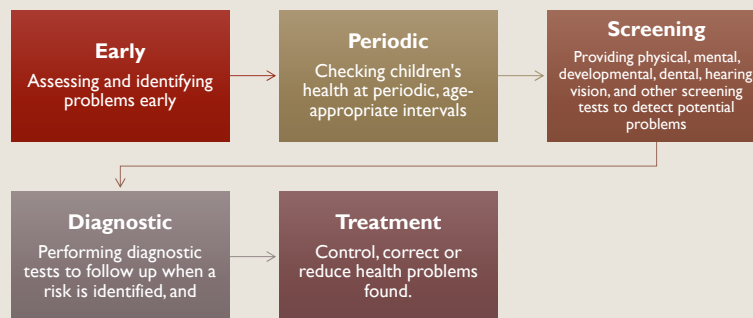


## EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT)

- comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid (TennCare).
- EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.



## EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT, OR EPSDT



**EPSDT** checkups are FREE for all children who have TennCare.

## SEVEN COMPONENTS OF THE EPSDT

1. Comprehensive health and developmental history
2. Comprehensive unclothed physical exam
3. Age-appropriate immunization
4. Age-appropriate lab tests
5. Health education
6. Vision screen
7. Hearing screen

TN DCS Administrative Policies and Procedures: 20.7

Tennessee Department of Children's Services  
**EPSDT Physical Examination**

**Allergies:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **DM:** \_\_\_\_\_ **Temp:** \_\_\_\_\_ **Resp:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **BP:** \_\_\_\_\_

**Vision:** Right: 20/\_\_\_\_ Left: 20/\_\_\_\_ Hearing Right:  Pass  Fail Left:  Pass  Fail

**Current Problems:** \_\_\_\_\_

Unclothed Physical Exam:  Partial  Complete Health History Attached:  Yes  No

	Normal	Abnormal	Comments
General Appearance			
Infection, acute/chronic, systemic, localized, behavior			
Skin - color, scars, eruptions, parasites, lesions			
Head - scalp, hair, ears, vision			
Eyes - redness, discharge, pupils			
Ears - hearing, 20/20, otitis, foreign bodies			
Nose - congestion, mucus, breathing, discharge			
Mouth/Throat - palate, teeth, gums, mouth breathing			
Neck - softness, thyroid			
Lymph nodes/Glands - swelling, tenderness			
Lungs/Chest - crackles, wheezes, rales			
Heart/Circulatory - rate, rhythm, murmur			
Abdomen - masses, tenderness			
Genitourinary/Femur Stage			
M - contusion, bruise, trauma, hernia, discharge			
Musculoskeletal - ROM, gait, coordination, scoliosis			
Neurological - reflexes, sensation, handwriting			
Rectal exam			
Pediatric exam			

Immunizations Type:  CDC  Metabolic Panel  Cholesterol  Urine Analysis  TB (PPD) Data/Results  VRL/GC/Chlamydia  Other

**Health Education** (Check items to be discussed)

**Health Safety**  
 Parental responsibility for health care  
 Personal hygiene  
 Vehicle safety (seat belts, helmets, safe driving)  
 Alcohol, tobacco, drug use prevention  
 Home & fire maintenance  
 STDs, HIV/AIDS and prevention, contraception  
 Radiation (fluoroscopic, x-rays, etc.)  
 Violence and sexual prevention  
 Fire (smoke and escape)

**Development/Socialization**  
 Child and responsibilities, food  
 Family relationships and concerns  
 Respect others, gender, body consequences  
 Health/anger/behavior resolution  
 Peer relationships and concerns  
 Social development and behaviors  
 Emotional, physical and sexual abuse  
 Emotional/physical and sexual abuse  
 Emotion/communication training

**Nutrition**  
 How children needs a day  
 Choose a variety of healthy foods  
 Choose nutritious snacks  
 Achieve/maintain a healthy weight  
 Change weight through a variety of healthy foods and regular exercise  
 Concerns about weight and body image  
 Other

AE 7 EPSDT components Completed:  Yes  No  
 FOR YDCs ONLY: Youth is physically capable of participating in sports and athletic activities:  Yes  No  
 Deferred: \_\_\_\_\_  
 Follow-up: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature MCHNP: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature YDC/MLP/NP: \_\_\_\_\_ Date: \_\_\_\_\_

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**DCS: INITIAL HEALTH SCREENING AND COMPREHENSIVE ASSESSMENT**

- Initial Screening – for all children as they enter care
- Follow Up Services – comprehensive array, prevention to intensive intervention, primary care and specialty care, mental health, dental, developmental, family support services

Tennessee Department of Children's Services  
**Initial Intake, Placement and Well-Being Information and History**

Initiated By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Revised By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Has the child/Youth been adopted:  Yes  No: Was the child/Youth in Permanent Guardianship:  Yes  No  
 Receiving Adoption Assistance or Subsidized Permanent Guardianship:  Yes  No: If yes, Amount: \_\_\_\_\_  
 (If yes, immediately notify the Permanency Specialist, Child Welfare Benefits Counselor Regional and Central Office Fiscal Staff).  
 Adoption/Guardianship Completed by DCS:  Yes  No (If no List Name of the Agency)

Child/Youth Information					
Name of Child/Youth:		E-mail Address:		SSN:	
DOB:	Sex:	Race:	Hispanic:	U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Provide Birth Certificate Verification</small>
Removal Date:	New Placement:	Date of Placement:	Legal Custody Date:		
County:	Adjudication Type:		Child ID#		
		Brief Description:			
Is Child/Youth of Native American Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No: <small>Use Date to Determine</small>				If "Yes" Tribal	

Tennessee Department of Children's Services  
**EPSD&T Physical Examination**

0 Allergies: \_\_\_\_\_  
 a \_\_\_\_\_  
 e \_\_\_\_\_  
 o \_\_\_\_\_  
 s \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Temp: \_\_\_\_\_ Resp: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Vision: Right: 20/\_\_\_\_ Left: 20/\_\_\_\_ Hearing Right:  Pass  Fat Left:  Pass  Fat

Current Problems:  Partial  Complete Health History Attached:  Yes  No

General Appearance	Normal	Abnormal	Comments
Height, activity level, hygiene, emotion, behavior			
Skin - color, scars, rashes, potholes, lesions			
Head - shape, hair, fontanel			
Eyes - reflexes, discharge, pupils			
Ears - hearing, 306, cerumen, foreign bodies			
Nose - congestion, mucus, bleeding, discharge			
Mouth/Tongue - color, both sides, smooth-tongued			
Neck - infection, thyroid			
Lymph nodes/Cervical - swelling, tenderness			
Lungs/Chest - breath sounds, rales			
Heart/Circulatory - rate, rhythm, murmur			
Abdomen - masses, tenderness			
Genitourinary/Femur Stage			
Rectal exam			
Neurological - reflexes, sensation, tenderness			
Rectal exam			
Public exam			

Immunizations Type:  CBC  Metabolic Panel  Cholesterol  TB (PPD) Data/Results  Urine Analysis  VDRL/RGG/Chlamydia  Other

**Health Education (Check items to be discussed)**

<b>Health Safety</b>	<b>Development/Socialization</b>	<b>Nutrition</b>
<input type="checkbox"/> Assume responsibility for health care	<input type="checkbox"/> Limits and responsibilities, trust	<input type="checkbox"/> Three nutrients meets a day
<input type="checkbox"/> Personal hygiene	<input type="checkbox"/> Family relationships and structure	<input type="checkbox"/> Process a variety of healthy foods
<input type="checkbox"/> Vehicle safety (seat belts, helmets, safe driving)	<input type="checkbox"/> Respect others, gender/role consequences	<input type="checkbox"/> Choose nutrient sources
<input type="checkbox"/> Alcohol, tobacco, drug use prevention	<input type="checkbox"/> Health empowerment/resistance	<input type="checkbox"/> Screen/monitor a healthy weight
<input type="checkbox"/> Fire use responsibilities	<input type="checkbox"/> Peer relationships and contacts	<input type="checkbox"/> Storage weight through a variety
<input type="checkbox"/> STD, HIV/AIDS and prevention, contraception	<input type="checkbox"/> Social development and behaviors	<input type="checkbox"/> of healthy foods and regular exercise
<input type="checkbox"/> Emotional (depression, anxiety, etc.)	<input type="checkbox"/> Emotional, physical and sexual abuse	<input type="checkbox"/> Concerns about weight and body image
<input type="checkbox"/> Violence and assault prevention	<input type="checkbox"/> Emotional, physical and sexual abuse	
<input type="checkbox"/> Fire-armed and weapons	<input type="checkbox"/> Environmental/trauma	<input type="checkbox"/> Other

All 7 EPSD&T components Completed:  Yes  No  
 FOR YDCs ONLY: Youth is physically capable of participating in sports and athletic activities:  Yes  No

Deferred: \_\_\_\_\_  
 Follow-up: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature MCHSP: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature YDC SNLPR: \_\_\_\_\_ Date: \_\_\_\_\_

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## FAMILY PARTICIPATION

- All families (Birth, Foster, Adoptive, Kin) partner in assuring strong health care for child
- Roles – sources of information/history, obtaining on-going care, ensuring continuity of care when child moves
- Child's health care viewed in context of family strengths, needs, culture, environment
- Birth families included in ongoing health care of child
- Families receive services to enhance their capacity to provide health care for child
- Families provide system level input

# ATTENTION TO INDIVIDUAL GROWTH AND DEVELOPMENT

**Child Development Chart**  
**Normal Developmental Behaviors**  
(revised July 2019)

	Cognitive/Language	Psychological	Motor	Emotional/Social	Sexual
<b>0-6 Months</b>	Recognition of caregiver; recognizes and responds to name; discriminates between familiar and unfamiliar faces; reaches for familiar people or toys.	Attachment to caretaker; totally dependent; totally trusting; learn intimacy.	Sucking; hands clenched/grip; neck muscles develop; lifts head and chest when on stomach; rolls over; sits with & without support; reaches for objects.	Expresses affection; shows interest in faces; becomes excited when played with; smiles and babbles with people.	Erections possible; both sexes can be stimulated.
<b>6-12 Months</b>	Objects can be held in memory; learns through routines and rewards; recognizes name; says two to three words besides "mama" and "dada"; imitates familiar words.	Separation from caregiver; begins to develop a sense of self; learns to get needs met; trusts adults; stretches arms to be picked up; likes to look at self in the mirror.	Stands without support; creeps/crawls; walks with help; pulls self to standing position and stands unaided; transfers object from one hand to the other; drops and picks up toy; feeds self a cracker; holds cup with two hands; drinks with assistance; holds out arms and legs while being dressed.	Becomes more emotionally attached to caregiver; plays simple games with adults; enjoys communicating with others; expresses pleasure and displeasure.	Generalized genital play.
	Experiments with physical	Early social development;	Creeps up stairs; gets to standing	May show fear in new situations;	Continues

## ATTENTION TO CULTURAL ISSUES

- Knowledge of child/family culture influences health care design and delivery, creation of provider network, training
- Knowledge of how culture and beliefs shape child/family view of health and illness incorporated in approach
- Traditional and non-traditional approaches used

# THE FOSTER CARE REVIEW BOARD REVIEW

## 6. Health

- a. The EPSD&T Summary was reviewed by the board.  yes  no
- i. If yes, have all referable conditions been addressed by the appropriate healthcare provider?  yes  no  na
- b. What current medical/mental/dental health concerns that are not being addressed by a healthcare provider?  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. What are the results/recommendations from any health/mental health assessment or evaluation conducted on the child since the EPSD&T or last board review?  
 \_\_\_\_\_  
 \_\_\_\_\_
- i. Have all the recommendations been implemented?  yes  no  na
- d. Is the child currently taking any medication? (if no, skip to e)  yes  no
- i. If yes, what side effects is the child experiencing, if any?  
 \_\_\_\_\_
- ii. Which doctor prescribes/monitors the medication? \_\_\_\_\_  
 Date of last visit with this doctor? \_\_\_\_\_
- iii. For any new medication(s), was the baseline monitoring of the medication completed?  yes  no  na
- e. Does the child's health needs restrict them from participating in age-appropriate activities?  yes  no  na



**LINK TO SAFETY, PERMANENCY AND WELL-BEING**

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Appropriate health, developmental and mental health care:

- Enhances child's chance for healthy development
- Reduces stress on caregivers
- Helps families care for their children
- Stabilizes families and placements
- Provides information needed to make permanency/placement decisions
- Improves child's school performance
- Increases chance of achieving permanency

