

Providing Healthcare for Children and Youth in Foster Care

Recommendations and Policy

Children and youth in foster care:

- Have often had inadequate healthcare
- Have higher rates of physical and behavioral health problems
- Are more often prescribed psychotropic medications that require close monitoring
- Experience multiple transitions that can adversely impact their health and well-being

Because of these risk factors, the American Academy of Pediatrics (AAP) considers children and youth in foster care “Children and Youth with Special Health Care Needs.”

This means they should be seen EARLY after entering foster care and OFTEN while in foster care. **The AAP recommends an enhanced visit schedule for children and youth in foster care.** This includes:

- **An Initial Health screening visit within 72 hours of placement**
- **A Comprehensive Health Visit within 30 days of placement**
- **An Enhanced visit schedule based on age:**
 - **Visits monthly: 0-6 months old**
 - **Visits every 3 months: 6-24 months old**
 - **Visits twice per year: 2-21 years old**

Purpose of the INITIAL HEALTH SCREENING VISIT	Purpose of the COMPREHENSIVE HEALTH VISIT	Purpose of the ONGOING WELL VISITS
<p>This should be a brief visit to identify health conditions that require prompt medical attention such as:</p> <ul style="list-style-type: none"> ▪ Acute illnesses ▪ Chronic diseases requiring intervention such as medications, testing, or devices ▪ Signs of infection or communicable diseases ▪ Hygiene or nutritional problems ▪ Pregnancy ▪ Significant developmental or mental health concerns 	<p>More time should be allotted for this visit. You should have more information about the child/youth from previous medical records and/or DSS.</p> <p>Components of visit:</p> <ul style="list-style-type: none"> ▪ To review available medical history about the child/youth ▪ To identify and treat medical conditions ▪ To identify developmental and/or mental health conditions requiring treatment and/or referral ▪ To complete age-appropriate screenings ▪ To develop an individualized treatment plan 	<ul style="list-style-type: none"> ▪ To identify problems and concerns through screenings and examination ▪ To provide education about chronic conditions or issues of concern to caregivers ▪ To update immunizations ▪ To review findings from developmental and/or mental health assessments ▪ To refine & reinforce the treatment plan. ▪ To provide age-appropriate anticipatory guidance on a regular basis to the child/youth, caregiver(s), and biological parent(s) ▪ To promote overall wellness

NC Child Welfare Policy does not require that county DSS follow the AAP visit schedule. The chart below shows the similarities and differences between AAP's recommendations and Child Welfare policy. Child Welfare policy does state that more visits can occur if recommended by a medical provider.

The medical provider drives the health care of the child or youth. We encourage following AAP's recommendations due to the risk factors and complexities involved for children and youth in foster care.

Source	Initial Screening Visit	Comprehensive Visit	Subsequent Visit Schedule
AAP	Within 72 hours of entering foster care	Within 30 days of entering foster care	Age-based enhanced schedule: 0-6 months: monthly 6-24 months: every 3 months 2-21 years: every 6 months
NC Child Welfare Policy	Within 7 days of entering foster care	Within 30 days of entering foster care	Physical exam at least every 12 months, or more frequently as recommended by the medical provider.

There are several forms required by NC Child Welfare policy. These forms correspond with visits:

- **Initial Visit form (DSS-5206) – Provider completes after the Initial/7-day visit**
- **Health History Form (DSS-5207) – DSS SW completes between the Initial and Comprehensive Visits and should provide to the medical home at least 7 days prior to the Comprehensive Visit**
- **30-day Comprehensive Visit form (DSS-5208) – Provider completes after the Comprehensive/30-day visit**
- **Well-Visit form (DSS-5209) – Provider completes after each well visit**

The DSS social worker or the caregiver should provide the forms, but they are also available to the public and can be printed. You can find these forms on CCNC's Foster Care webpage.

<https://www.communitycarenc.org/what-we-do/clinical-programs/foster-care>