



Assuring a System of Care for Iowa's Children and Youth with Special Health Care Needs

Service Coordination for Children in Foster Care

**Final Report
September 30, 2011**

**Funded by
American Recovery and Reinvestment Act (ARRA)
Iowa's IDEA Part C (Early ACCESS) Federal Funds 2009-2011**



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**Child Health Specialty Clinics
American Recovery and Reinvestment Act
IDEA Part C Project # 16 (Phase II funds)**

Foster Care Project – Early ACCESS Region 9 – Davenport Area

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American Recovery and Reinvestment Act funds were distributed to Child Health Specialty Clinics (CHSC) in order to provide service coordination for children birth to 3 years of age entering or leaving foster care with emphasis on infants and toddlers within counties served by Early ACCESS (EA) Region 9 and the Davenport CHSC Regional Center catchment area.

This effort sought to:

- ⇒ Enhance existing CHSC ARNP efforts to improve services available to children in the foster care system within Region 9.
- ⇒ Promote interactions with foster care project within Region 10 (via Angela Childs, supported by ARRA funds).

Project Deliverables from ARRA Agreement: By September 30, 2011:

- ⇒ Approximately 750 hours of service coordination to infants and toddlers entering or exiting foster care will be provided within the Region 9 catchment area.
- ⇒ Service coordinator will have ongoing conversations with CHSC ARNP in the Davenport Regional Center and Angela Childs, Program Assistant supervising the Region 10 Foster Care ARRA project throughout the funding period to assess progress in increasing numbers of infants and toddlers in foster care served.
- ⇒ Logs of children served will be maintained by service coordinator and reported on quarterly basis to Department of Education.
- ⇒ DHS staff will be offered training opportunities by CHSC ARNP staff.
- ⇒ Developmental tools will be purchased.
- ⇒ A summary of “lessons learned” will be shared with Department of Education and Department of Human Services at end of the project.

CHSC EA SC Staff: ARRA funds were utilized to employ a .49 FTE EA Service Coordinator (SC) position. The EA SC completed the self-assessment process and received EA SC Module 1, 3, 4 and 5 training modules and Developmental Assessment of Young Children (DAY-C) training. Approximately 700 hours of SC time were provided. Hours were less than anticipated due to three main reasons: the University of Iowa Hospitals and Clinics hiring process took longer than expected; the ES SC only worked when needed to serve the children and families on her caseload; and getting referrals from DHS did not work as smoothly as anticipated (described later in report).

Initial Referral Process: An EA Referral Process for children entering foster care was initially designed by CHSC Davenport staff in conjunction with Scott County DHS Administrative staff and in cooperation with AEA 9 EA staff.

Initial process for EA children in foster care was as follows:

- ⇒ Child Birth to Age 2 years 10 months and 15 days enters foster care in Scott County.
- ⇒ DHS caseworker immediately discusses referral to EA with biologic parents and refers child to Early ACCESS.
- ⇒ CHSC EA SC for foster care is assigned.
- ⇒ CHSC EA SC attends initial Family Team Meeting in order to obtain needed signatures and consents to proceed with EA evaluations.
- ⇒ CHSC EA SC sets up health screening appointment within 5 days of foster care placement with CHSC ARNP.
- ⇒ Screening completed by CHSC within 5 days.
- ⇒ CHSC EA SC refers child to Primary Care Provider (PCP) for complete assessment within 30 days.
- ⇒ CHSC EA SC provides both the biologic family and the foster family with needed supports.
- ⇒ IFSP is developed within the 45 day timeline.
- ⇒ Ongoing IFSP services and supports are provided.

Discussion of Barriers to Implementing Referral Process: The initial CHSC and DHS workgroup, in cooperation with AEA EA staff, determined that an EA referral would be made by DHS immediately after a child was taken into DHS custody. This never happened. When the project was first rolled out to DHS caseworkers there were no new foster care cases to immediately refer to the project. In addition, DHS was removing significantly fewer children from the parent's care and putting more services into the home to try to preserve the family unit. Throughout the project time period CHSC was never involved in the initial Family Team Decision Making Meeting. Most referrals for the EA Foster Care Service Coordinator were transfers from the Region 9 AEA caseload.

The Early ACCESS 45 day timeline was met except when parents were unable to be located. Please note: without signed parental consent an evaluation can not be completed nor services provided. There were several cases where the initial consent for evaluation was signed by the biologic parent and the evaluation was completed, but the biologic parent could not be located when the initial IFSP meeting was scheduled so a consent for EA service was not signed and early intervention services could not be provided.

While EA does have a process for assigning a surrogate parent, if biologic parent consent cannot be obtained, the surrogacy procedure is rarely utilized. The AEA

Special Education Director is responsible for assigning a surrogate in these circumstances but the current process, initially designed for children in the Part B system, is cumbersome when trying to meet the 45 day timeline for Part C. Surrogate parents must take specialized training and that delays getting the releases signed in a timely manner. CHSC communication with the AEA was through the EA Regional Liaison and following the established communication channels also added to limited access to the AEA Special Education Director to get surrogacy assigned.

Child Permanency Outcomes: CHSC provided service coordination to a total of nine children in foster care during the grant period. A chart at the end of this report shows specific referral information.

- ⇒ In four cases reunification was the goal. The CHSC Foster Care SC was able to work with two of the biologic parents during this time while the other parent of two children (siblings) was not interested in being involved in early intervention services, so contact was maintained with the foster family.
- ⇒ In three cases termination was being pursued.
 - ⇒ In two cases the biologic parents were unable to be located.
 - ⇒ In the third case the biologic parent received updates on the status of their child.
- ⇒ One child was placed in relative care, with active biologic parent participation.
- ⇒ One child's outcome was undetermined as to the long term placement goal due to a delay in being able to identify the biological father.

Advantages of CHSC EA SC for Children in Foster Care:

- CHSC provided the medical-developmental component that is often missing when other agencies provide Service Coordination.
- CHSC provided all children served with ASQ-3, ASQ-SE and M-CHAT screening by an ARNP.
- CHSC offered flexible exam hours for clinical service visits.
- CHSC EA SC connected children to dental homes.
- CHSC EA SC assisted in getting children's hearing re-checked. (Newborns get hearing screens at birth, but there is often a recommendation that it be rechecked, and with out of home placements, rescreening is not being followed up.)
- CHSC EA SC made referrals for early intervention service as well as referrals to other agencies for therapies and a multi-disciplinary assessment.
- CHSC EA SC worked on keeping everyone on the child's team informed as to the progress of the child.
- CHSC EA SC obtained proper legal signatures on EA releases.

- CHSC EA SC kept biologic families involved as often as possible.
- CHSC EA SC made connections with the biological and/or foster family to be supportive at different stages of the DHS process including going to the local jail to meet with biologic parents.
- CHSC EA SC worked with a smaller case load to give that extra time these complex cases need.
- CHSC EA SC collaborated with the child's medical home re: referrals and findings.
- CHSC EA SC routinely spent time at the DHS office in order to establish and build relationships with the DHS workers.

Additional Project Barriers:

- Consents and Releases - Getting releases signed by the appropriate person within the 45 day time line was extremely difficult. For example, DHS cannot sign medical releases because they do not have guardianship. Judges cannot sign EA releases nor assign a DHS caseworker to sign paperwork. If the location of the biologic parent(s) is known, but they are uncooperative or refuse to sign a consent to evaluate or a consent for service form, the EA process ends.
- Transportation – Available transportation is not readily accessible for most children in foster care and CHSC does not have the ability to transport clients due to liability issues.
- Timing of referral to EA – Parents are often not cooperative when their children are being removed by DHS, so getting releases signed at the time of removal or even introducing EA to the family was not successful during this project.
- Family Team Meeting Attendance – DHS did not invite the CHSC EA Foster Care SC to the Child and Family Team meeting so that EA could be initially involved in the planning and consents could be signed.
- Communication – DHS workers did not return calls in a timely manner, ex: calling a DHS worker six times to her one return phone call.
- Staffing – DHS did not have a consistent contact person to assist with facilitation of this project with DHS personnel.

Provide DHS staff with Developmental Training Opportunities in AEA 9: CHSC ARNP Peg Macek provided a two-hour training on the ASQ-3 and ASQ-SE. Training was provided to social workers identified by DHS Administrators Deborah Kennedy and Lita Hosier and the identified sites were Davenport (Scott County), Clinton (Clinton and Jackson County) and Muscatine (Muscatine County.)

Materials provided for each site were:

Scott County

Ages and Stages SE User's Guide and Ages and Stages SE Questionnaires (2 English sets and 1 Spanish set)
ASQ 3 User's Guide and ASQ-3 Questionnaires (2 English sets and 1 Spanish set)
ASQ-3 Quick Start Guide (2)
ASQ 3 Materials Kit (2)
Training was provided to approximately 30 people on September 26, 2011.

Clinton and Jackson Counties

Ages and Stages SE User's Guide and Ages and Stages SE Questionnaires (1 English set)
ASQ-3 User's Guide, Questionnaires and Quick Start Guide (1)
ASQ-3 Materials Kit (1)

Muscatine County

Ages and Stages SE User's Guide and Ages and Stages SE Questionnaires (1 English set and 1 Spanish set)
ASQ-3 User's Guide and ASQ-3 Questionnaires (1 English set and 1 Spanish set)
ASQ-3 Quick Start Guide (1)
ASQ-3 Materials Kit (1)
Training had been scheduled for September 20, 2011 and was rescheduled by the Muscatine DHS staff for October 26, 2011.

Comments on the Developmental Tools Training Opportunities: Macek stressed during the training that the session was to give an introductory training on the screening tools so if DHS decides to begin using ASQ-3 and ASQ-SE the DHS staff would have an idea of what the tools are, how to use them, and to supply access to manuals for the additional details. She relayed that one DHS area in the state currently completes ASQ-3 and ASQ-SE and provides the completed screening tools to the AEA with their referral for additional developmental assessment.

Macek relayed that DHS staff could also use the ASQ-3 and ASQ-SE as a teaching tool for developmental milestones and emerging skills. They could copy suggested interventions from the back of the respective manuals and utilize these interventions with families. She shared how CHSC utilizes the tools for developmental teaching and offered CHSC's continued support and additional training if DHS decided to implement utilizing ASQ-3 and ASQ-SE in this service region.

Foster Care Project Summary

In summary, the frequency of the child visits to the CHSC office for Clinical Service visits every three months, allowed CHSC to monitor for signs of abuse or neglect. It also allowed CHSC to work on obtaining necessary referrals and medications through the primary care provider. CHSC also worked to support and educate parents/foster/kin in the developmental areas related to their

child. CHSC provided developmental screening at each clinic visit as well as the DAYC by the EA SC every six months. CHSC established a dental home through the Title V I-Smile Coordinator for every child.

While the Health Foster Care America health care standard recommends that an initial health screen occur within the first 72 hours of out of home placement, this best practice standard was not met due to the fact that CHSC did not receive the referral for the children until after they were placed in foster care for a period of time.

In the initial referral process established with DHS and AEA CHSC would receive referrals so that the EA SC could be present at the first child and family team meeting. That did not happen in spite of repeated contacts and reminders to DHS. There was also some initial confusion with the referral process of children in foster care from the AEA to CHSC. The AEA expressed that they did not believe there was an issue with service coordination for children in foster care and did not remember to assign those cases to CHSC if the referral was made to the AEA rather than CHSC. This process improved as the project progressed. The DHS process improved when CHSC had a point person at DHS. However the point person left her position towards the end of the grant and there were no referrals when the contact position was vacant. Once a new contact was identified, referral increased.

Because of the limited case load given to the SC it allowed for more time to be spent with each family. CHSC EA SC felt that this allowed for a stronger relationship to be built with families. The EA SC found that it took a significant amount of time to track down the biological parents to get releases signed, which can affect the 45 day time line of the IFSP. This delay in obtaining signatures also delays the start of the evaluation and/or services for that child.

CHSC received these comments from a foster parent in regards to her foster son:

“I am a foster parent to a 23 month old little boy who is showing developmental delays. He came to us when he was 14 months old. He was exposed to THS in the womb and for 14 months after birth through mother’s breast milk. He also experienced a low hemoglobin count along with a high lead level which I also feel has contributed to his delays.

CHSC is the only organization that has been devoted to helping this child and getting the process going for him. The child has been examined by the nurse practitioner at CHSC and is getting referrals for treatment”.

Jenner Kealey from CHSC has been the only one that has been consistently diligent in trying to help us get care for our foster child. Unfortunately we have had to battle on the legal side as well. CHSC couldn’t start any treatment with

out having parental signatures. Jenner kept plugging away though and continued to seek out help from DHS and even trying to track down the parents so that we could begin treatment for this little boy. This took some time, time that keeps putting him further behind."

Summary of Contacts with DHS:

9/8/10 CHSC staff met with DHS supervisors to discuss the project, establish referral process, and establish a communication plan.

9/10/10 EA SC met with Brittney Stevens, DHS supervisor, to discuss potential referrals and overall project. Left release for DHS to maintain copies and distribute them to their workers.

Meetings with DHS

12/22/10

1/11/11

2/7/11

2/7/11 Met with Chris Rubino

2/23/11

3/18/11

3/28/11

4/11/11

5/2/11

5/11/11

6/3/11 Jenner provided training of CHSC project to Parents as Teachers staff. DHS contact leaves.

7/11-8/11 Several attempts to get a hold of Deb Kennedy, DHS supervisor, by CHSC staff to see who the new contact person would be for CHSC.

8/11 New DHS contact person designated. Contact made and new contact will talk with his workers and other supervisors to identify potential referrals

8/11-9/30/11 - 5 new referrals from DHS were made to CHSC.

Summary of Contacts with Angela Childs and Peg Macek:

October 25, 2010

October 27, 2010

December 16, 2010

December 29, 2010

January 13, 2011

January 18, 2011

January 20, 2011

January 22, 2011

January 24, 2011

In additional multiple contacts were made with the AEA 9 Regional Liaison, supervisor and staff concerning the project by both Davenport CHSC Staff and the CHSC Liaison to the State EA Team

CHSC Service Coordinator - Foster Care Checklist Summary

Client number	Referral to i-Smile	PCP already in place	Immunizations up to date	Hearing Screen	ASQ3	ASQ SE	M-Chat	Normal Suspect Delay	Other Referral
1	Y	Y	Y	N	Y	Y	Y	S	Y
2	Y	Y	N	Y	Y	Y	Y	D	Y
3	Y	Y	N	Y	Y	Y	Y	D	Y
4	Y	Y	Y	N	Y	Y	Y	N	Y
5	Y	Y	N	N	Y	Y	Y	N	N
6	Y	Y	Y	Y	Y	Y	Y	N	Y
7	Y	Y	Y	Y	Y	Y	N	S	N
8	N	Y	Y	N	Y	Y	N	N	N
9	N	Y	Y	N	Y	Y	Y	N	Y