ASSESSMENT NAVIGATION: CREATING CONTINUITY OF CARE FOR YOUNG CHILDREN IN THE CHILD WELFARE SYSTEM

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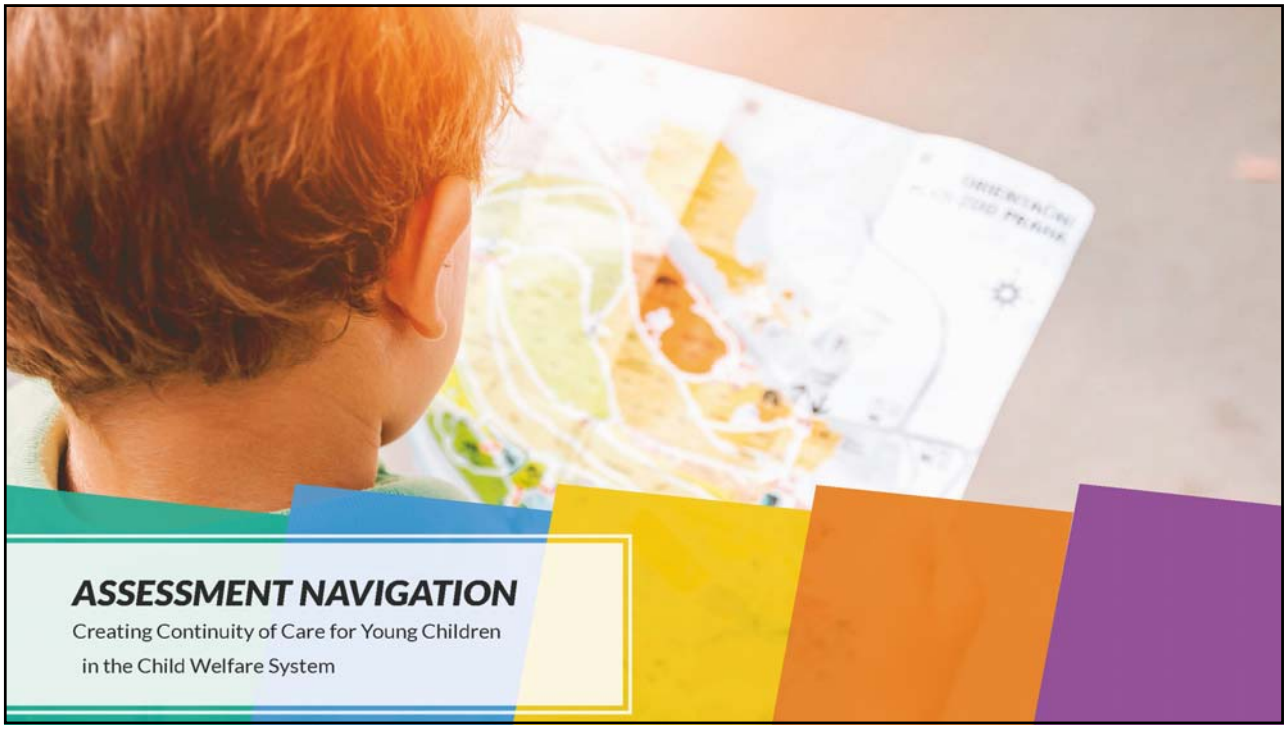


Today, we will discuss…

- Nebraska's children in the child welfare system
- Medical Assessment(s)
- Trauma/Mental Health Screening and Assessment
- Education Part C and B Screening and Assessment
- How can we all work together to create continuity of care

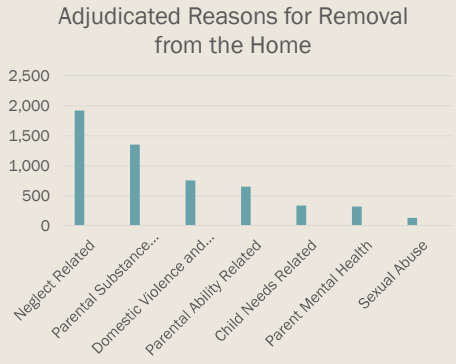
NEBRASKA'S CHILDREN IN THE CHILD WELFARE SYSTEM

Children in the Child Welfare System at a Glance

- 10,135 children involved in the child welfare system at some point in time in 2016
  - *71.2% court involved case*
  - *28.8% non-court involved case*

- Ages
  - *0-1* *14.3%*
  - *2-4* *18.2%*
  - *5-12* *40.3%*
  - *13-18* *27.2%*

(Kids Count Nebraska Annual Report 2017)

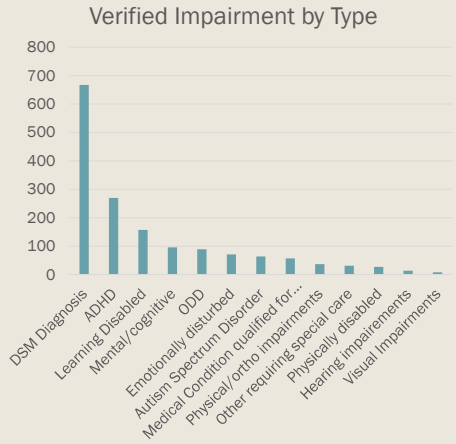


(Nebraska Foster Care Review Office Annual Report 2017)

Identified Needs for Children in Out of Home Care

- 54% court ordered to therapy
- 42% had at least one verified trauma or mental health related condition
- 41% prescribed at least one psychotropic medication
- 37% displayed behaviors that made caregiving difficult
- 10% displayed sexualized behaviors
- 4% exhibited self harm behaviors in the previous six months

(Nebraska Foster Care Review Office Annual Report 2017)



MEDICAL ASSESSMENT

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

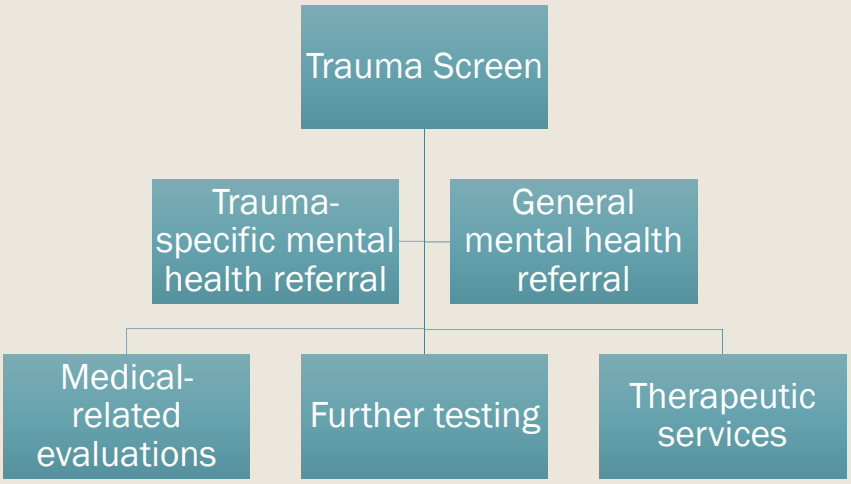
- Purpose: Evaluate children's general health, growth, development, and immunization status; provides a general overview of physical and emotional health
- Core Components – medical examination, which includes:
  - *Health and developmental history*
  - *Comprehensive unclothed physical examination*
  - *Immunization*
  - *Laboratory tests (as appropriate)*
  - *Environmental investigation (as needed)*
  - *Health education/anticipatory guidance*
  - *Vision Screen*
  - *Dental Screen*

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- Possible Recommendations
  - *Vaccine catchup*
  - *Dental referral*
  - *Vision referral*
  - *EDN or other educational assessment*
  - *Emotional/behavioral assessment*
  - *Sub-specialty pediatric evaluation (dependent on findings)*
- NDHHS Division of Children and Family Services Protection and Safety Procedure #15-2017

TRAUMA AND MENTAL HEALTH SCREENING AND ASSESSMENT

Screen → Assess → Treat



Trauma Screen – Child Welfare Trauma Referral Tool

- National Child Traumatic Stress Network (NCTSN)
- Children ages 0-19
- Purpose:
  - *Identify children who require immediate stabilization services*
  - *Identify children for whom a complete trauma assessment by a qualified provider is needed*
- Recommendations:
  - *Trauma-specific mental health referral*
  - *General mental health referral*
  - *No further referral needed at this time*

Trauma Screen – Child Welfare Trauma Referral Tool

Child Welfare Trauma Referral Tool (CWT)
(Nicole Taylor, Charles Wilson, & Alan Steinberg, 2006)

This measure is designed to help child welfare workers make more trauma-informed decisions about the need for referral to trauma-specific and general mental health services. It is to be completed by the child welfare worker through record review and key informants (i.e., natural parent, foster parent, child therapist, school-aged children or adolescents if appropriate, and other significant individuals in the child's life).

Section A allows the child welfare worker to document history of exposure to a variety of types of trauma and indicate the age range over which the child experienced each trauma. Section B allows the child welfare worker to document the severity of the child's traumatic stress reactions. Section C allows the child welfare worker to document attachment problems. Section D allows the child welfare worker to document behaviors requiring immediate stabilization. Section E allows the child welfare worker to document the severity of the child's other reactions/behaviors/functioning. Section F provides strategies for making recommendations to general or trauma-specific mental health services by linking the child's experiences to their reactions.

Trauma Screen – Child Welfare Trauma Referral Tool

Form Completed by (Name/Title/ID Code): _____ Date: _____

Child's Name: _____ Age: _____ Number of Months in Current Placement: _____

Reason for Current Evaluation (check all that apply):

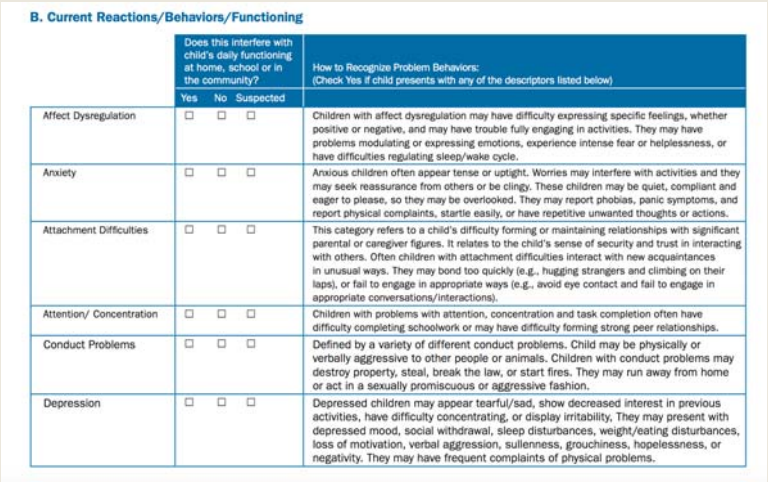
☐ Baseline Assessment: New client ☐ New Trauma Reported ☐ Problematic Reactions/Behaviors Reported

☐ Change in Placement (Specify): _____ ☐ Other (Specify): _____

A. Behaviors Requiring Immediate Stabilization *(Refer to Flow Chart for Specific Referrals for each type of problem)*

	Yes	No	Suspected	How to Recognize Problem Behaviors: (Check Yes if child presents with any of the descriptors listed below)
Suicidal Ideation	☐	☐	☐	Thinking about, considering, or planning for suicide.
Active Substance Abuse	☐	☐	☐	An unhealthy pattern of substance (alcohol or drug) use that results in significant problems in one of the following ways: (1) An inability to adequately take care of your responsibilities or fill your role at work, school, or home; (2) The frequent use of substances in situations where it might be dangerous to do so (for example, driving while under the influence); (3) Repeated legal problems due to substance use (for example, public intoxication or disorderly conduct); and (4) The continued use of substances even though the substance use is causing considerable problems in your life.
Eating Disorder	☐	☐	☐	Any of several psychological disorders (as anorexia nervosa or bulimia) characterized by serious disturbances of eating behavior.
Serious Sleep Disorder	☐	☐	☐	Disturbance in the patient's amount of sleep, quality or timing of sleep, or in behaviors or physiological conditions associated with sleep.

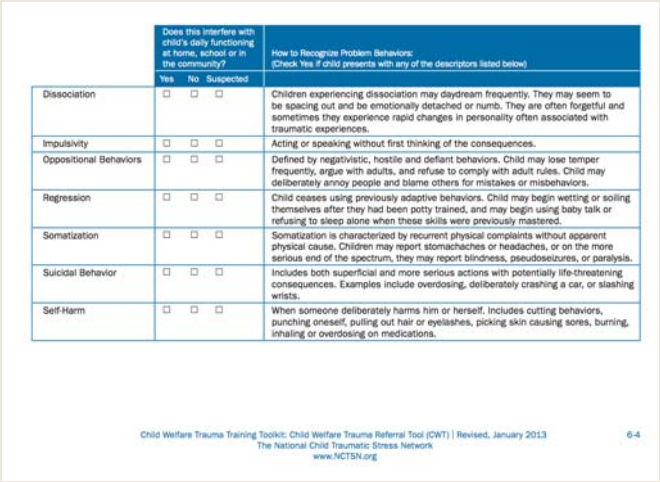
Trauma Screen – Child Welfare Trauma Referral Tool



B. Current Reactions/Behaviors/Functioning

	Does this interfere with child's daily functioning at home, school or in the community? Yes	No	Suspected	How to Recognize Problem Behaviors: (Check Yes if child presents with any of the descriptors listed below)
Affect Dysregulation	☐	☐	☐	Children with affect dysregulation may have difficulty expressing specific feelings, whether positive or negative, and may have trouble fully engaging in activities. They may have problems modulating or expressing emotions, experience intense fear or helplessness, or have difficulties regulating sleep/wake cycle.
Anxiety	☐	☐	☐	Anxious children often appear tense or uptight. Worries may interfere with activities and they may seek reassurance from others or be clingy. These children may be quiet, compliant and eager to please, so they may be overlooked. They may report phobias, panic symptoms, and report physical complaints, startle easily, or have repetitive unwanted thoughts or actions.
Attachment Difficulties	☐	☐	☐	This category refers to a child's difficulty forming or maintaining relationships with significant parental or caregiver figures. It relates to the child's sense of security and trust in interacting with others. Often children with attachment difficulties interact with new acquaintances in unusual ways. They may bond too quickly (e.g., hugging strangers and climbing on their laps), or fail to engage in appropriate ways (e.g., avoid eye contact and fail to engage in appropriate conversations/interactions).
Attention/ Concentration	☐	☐	☐	Children with problems with attention, concentration and task completion often have difficulty completing schoolwork or may have difficulty forming strong peer relationships.
Conduct Problems	☐	☐	☐	Defined by a variety of different conduct problems. Child may be physically or verbally aggressive to other people or animals. Children with conduct problems may destroy property, steal, break the law, or start fires. They may run away from home or act in a sexually promiscuous or aggressive fashion.
Depression	☐	☐	☐	Depressed children may appear tearful/sad, show decreased interest in previous activities, have difficulty concentrating, or display irritability, They may present with depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, loss of motivation, verbal aggression, sullenness, grouchiness, hopelessness, or negativity. They may have frequent complaints of physical problems.

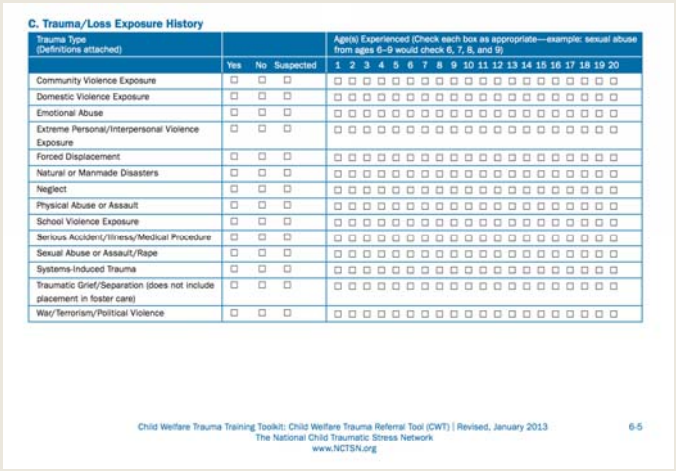
Trauma Screen – Child Welfare Trauma Referral Tool



	Does this interfere with child's daily functioning at home, school or in the community? Yes	No	Suspected	How to Recognize Problem Behaviors: (Check Yes if child presents with any of the descriptors listed below)
Dissociation	☐	☐	☐	Children experiencing dissociation may daydream frequently. They may seem to be spacing out and be emotionally detached or numb. They are often forgetful and sometimes they experience rapid changes in personality often associated with traumatic experiences.
Impulsivity	☐	☐	☐	Acting or speaking without first thinking of the consequences.
Oppositional Behaviors	☐	☐	☐	Defined by negativistic, hostile and defiant behaviors. Child may lose temper frequently, argue with adults, and refuse to comply with adult rules. Child may deliberately annoy people and blame others for mistakes or misbehaviors.
Regression	☐	☐	☐	Child ceases using previously adaptive behaviors. Child may begin wetting or soiling themselves after they had been potty trained, and may begin using baby talk or refusing to sleep alone when those skills were previously mastered.
Somatization	☐	☐	☐	Somatization is characterized by recurrent physical complaints without apparent physical cause. Children may report stomachaches or headaches, or on the more serious end of the spectrum, they may report blindness, pseudoseizures, or paralysis.
Suicidal Behavior	☐	☐	☐	Includes both superficial and more serious actions with potentially life-threatening consequences. Examples include overdosing, deliberately crashing a car, or slashing wrists.
Self-Harm	☐	☐	☐	When someone deliberately harms him or herself. Includes cutting behaviors, punching oneself, pulling out hair or eyelashes, picking skin causing sores, burning, inhaling or overdosing on medications.

Child Welfare Trauma Training Toolkit: Child Welfare Trauma Referral Tool (CWT) | Revised, January 2013 6-4
The National Child Traumatic Stress Network
www.NCTSN.org

Trauma Screen – Child Welfare Trauma Referral Tool



C. Trauma/Loss Exposure History

Trauma Type (Definitions attached)				Age(s) Experienced (Check each box as appropriate—example: sexual abuse from ages 6–9 would check 6, 7, 8, and 9)
	Yes	No	Suspected	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Community Violence Exposure	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Domestic Violence Exposure	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Emotional Abuse	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Extreme Personal/Interpersonal Violence Exposure	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Forced Displacement	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Natural or Manmade Disasters	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Neglect	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Physical Abuse or Assault	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
School Violence Exposure	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Serious Accident/Illness/Medical Procedure	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Sexual Abuse or Assault/Rape	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Systems-Induced Trauma	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Traumatic Grief/Separation (does not include placement in foster care)	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
War/Terrorism/Political Violence	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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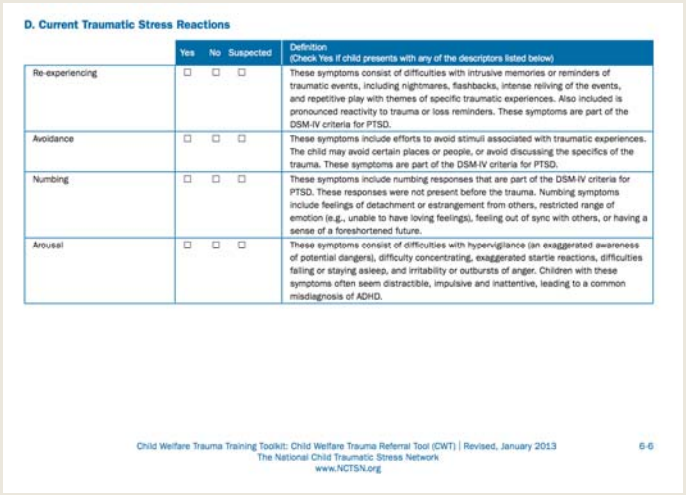


D. Current Traumatic Stress Reactions

	Yes	No	Suspected	Definition (Check Yes if child presents with any of the descriptors listed below)
Re-experiencing	☐	☐	☐	These symptoms consist of difficulties with intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. Also included is pronounced reactivity to trauma or loss reminders. These symptoms are part of the DSM-IV criteria for PTSD.
Avoidance	☐	☐	☐	These symptoms include efforts to avoid stimuli associated with traumatic experiences. The child may avoid certain places or people, or avoid discussing the specifics of the trauma. These symptoms are part of the DSM-IV criteria for PTSD.
Numbing	☐	☐	☐	These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma. Numbing symptoms include feelings of detachment or estrangement from others, restricted range of emotion (e.g., unable to have loving feelings), feeling out of sync with others, or having a sense of a foreshortened future.
Arousal	☐	☐	☐	These symptoms consist of difficulties with hypervigilance (an exaggerated awareness of potential dangers), difficulty concentrating, exaggerated startle reactions, difficulties falling or staying asleep, and irritability or outbursts of anger. Children with these symptoms often seem distractible, impulsive and inattentive, leading to a common misdiagnosis of ADHD.

Trauma Assessment – What is It?

- As recommended by the National Child Traumatic Stress Network (NCTSW)
- Purpose: In depth evaluation of trauma symptoms and psychological functioning
- Core Components
  - *Assess a wide range of traumatic events*
  - *Gather information using a variety of techniques*
  - *Collects information from a variety of perspectives*
  - *Considers how each traumatic event might have impacted developmental tasks and derailed future development*
  - *Links traumatic events to traumatic reminders that may trigger symptoms or avoidant behaviors*

Trauma Assessment – What is It?

- Domains covered, include:
  - *Basic demographics*
  - *Family history*
  - *Trauma history (including events experienced or witnessed)*
  - *Developmental history*
  - *Overview of child's problems/symptoms*
- Possible Recommendations
  - *Trauma-focused therapy*
  - *Mental health therapy*
  - *Further testing*
  - *Medical-related evaluations*
  - *Assessment for physical therapy or occupational therapy*
  - *Development/Educational assessment/testing*

Trauma Assessment – Choosing the Right Provider

- Questions to ask ask the provider
  - *Are you approved by Medicaid/managed care provider to conduct CPP or TF-CBT?*
  - *Tell me about your training and expertise with treatment of trauma*
  - *Have you treated and helped other children with trauma history or symptoms? If so, how many cases?*
  - *What is your level of licensure?*
  - *Do you incorporate the following into your trauma assessment*
- Assessment of traumatic events and symptoms
- Use of variety of techniques
- Consideration of how each traumatic event might have impacted development
- Linkage of traumatic events to traumatic reminders that may trigger symptoms and avoidant behavior

Child-Parent Dyadic Assessment

- Trauma Assessment for children ages 0-5
- Must be completed by a therapist who is certified to provide Child-Parent Psychotherapy
  - https://www.nebraskababies.com/cpp
- Contains all of the components of a trauma assessment

Initial Diagnostic Interview

- Purpose: Provide a baseline of child's current functioning treatment; used to identify problems and needs, develop treatment objectives and goals, and determine appropriate strategies and methods of mental health intervention
- Core Components
  - *Reason individual was referred*
  - *Comprehensive mental status examination*
  - *DSM or DC 0-5 diagnosis*
  - *History and symptomology*
  - *Psychiatric treatment history*
  - *Current and past suicide/homicide danger risk assessed*
  - *Level of familial supports assessed and involved as indicated*
  - *Identified areas for improvement*
  - *Assessment of strengths, skills, abilities and motivation*
  - *Medical history*
  - *Current medications with dosages*

When Further Testing is Recommended

Further testing can be recommended to explore diagnoses, such as: ADHD, Autism Spectrum Disorder, Sensory Processing Disorder, Fetal Alcohol Spectrum Disorder

The testing for these diagnoses, as well as many others, may be contained within one of these sets of testing

- Psychological Evaluation
  - *Rare for young children*
  - *To answer a specific question on a mental health disorder, diagnosis, or intellectual functioning*
  - *Use of standardized testing measures*
- Psychiatric/Medication Evaluation
  - *Determine if child has psychiatric diagnosis for which medication would be appropriate*
- Neuropsychological Evaluation
  - *Identify any functional residual effects of injury or illness*
- Exposure to trauma, to the prenatal nervous system
  - *Answer a specific question on cognitive functioning*
  - *Treatment recommendations*

EDUCATION

Individuals with Disabilities Education Act (IDEA), Part C and B

IDEA Part C – Children Ages 0-3

- Child Abuse Prevention and Treatment Act (CAPTA)
- Diagnosed physical or mental condition are eligible to receive EDN Services. These conditions include:
  - *Positive toxicology screen*
  - *Chromosomal abnormalities, such as down syndrome*
  - *Sensory impairments – vision, hearing, autism spectrum disorders*
  - *Failure to thrive, cleft palate, traumatic brain injury, seizure disorder, physical impairments*
  - *Behavioral or emotional conditions*
  - *Disorders secondary to exposure to toxic substances*

IDEA – Part C → The Process

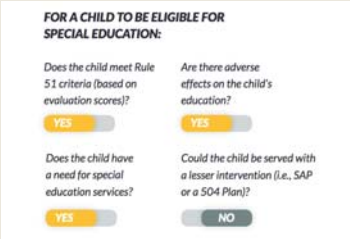
Referral → Services Coordinator Assigned → Intake Scheduled → Evaluation Team Assigned → Evaluation → Child and Family Assessment → MDT/IFSP Meeting

Required timeline from Referral to IFSP Meeting = 45 calendar days

IDEA Part B – Children Ages 3-5 and School Age

Referral → Screening → Evaluation → MDT Meeting → IEP Meeting

Required timeline from signed consent to MDT Meeting = 45 school days; 30 calendar days from MDT Meeting to IEP Meeting



CREATING CONTINUITY OF CARE FOR THE CHILDREN WE SERVE

Relationships and Communication

- Establish best mode of communication between DHHS, service providers, and legal parties
- Signed releases of information
- Collateral information
- Team Meetings
- Provide regular written updates that can be shared amongst parties
- Don't know something? Ask questions!
- Do your part to ensure there is not a duplication of services

Questions?

- https://www.nebraskababies.com/assessment-navigation
- Jamie.bahm@unl.edu