House Human Services Committee

Healthcare in Child Protective Services
Joyce James, Assistant Commissioner for CPS
February 28, 2005
# Healthcare in CPS

## Treatment for Abuse/Neglect
- Emergency Room Care
- Doctor’s Office/Clinic Care

## Assessment
- Child Safety Decisions
- Child and Family Service Needs

## Ongoing/Routine
- Medical and Dental Care
- Behavioral Health Care
- Medication Management

## Special Needs
- Specialized Medical Care
- Waivers/Services for Children with Disabilities
- Caregiver Education

## Consultation
- Appropriateness of Medical Care
- Effectiveness of Treatment
CPS Healthcare Challenges

- Inconsistent availability of healthcare providers with expertise in abuse/neglect issues
- Challenges in paying for essential healthcare services in investigations
- Inconsistent healthcare assessments for children first entering substitute care
- Unintended delays in Medicaid certification
- Inconsistent access to specialized healthcare services
- Inconsistent knowledge of caseworkers/foster parents regarding available Medicaid services
- Multiple placement changes for foster children resulting in frequent changes in healthcare professionals and fragmented medical records
- Challenges in monitoring psychotropic medications prescribed for foster children
Healthcare Challenges for Youth Aging Out of Foster Care

- Very limited services for youth with mental illnesses.
- Difficulty accessing home and community-based waiver programs (e.g., Medicaid waiver programs).
  - Not a smooth transition into the waiver programs.
  - Long waiting lists place youth at increased risk of institutionalization.
- Gap in services between maximum age a youth may stay in foster care (age 20) and eligibility age of 21 for Community Based Alternatives (CBA) and related adult service programs.