



ASSESSMENT NAVIGATION

Creating Continuity of Care for Young Children
in the Child Welfare System

INTRODUCTION

Young children enter the child welfare system with a multitude of needs. Infants and toddlers in the child welfare system are in an especially critical phase of their brain development. These children may have been exposed to various forms of abuse, neglect, pre and post-natal drug and alcohol exposure, and chronic toxic stress.

Children in the child welfare system have their needs met by various systems of care, including medical, trauma/mental health, developmental, and educational.

Collaboration between systems of care is crucial to the well-being and continuity of care for children in the child welfare system.

This screening and assessment guide is intended to help the professionals working with young children in the child welfare system navigate these different systems and ensure appropriate collaboration to create continuity of care for maltreated young children.

TABLE OF CONTENTS

MEDICAL

Early and Periodic Screening, Diagnostic and Treatment Evaluation (EPSDT).....3

TRAUMA/MENTAL HEALTH

Trauma and Mental Health Overview..... 4

Trauma Screen.....5

Trauma Assessment.....6

Initial Diagnostic Interview.....7

Psychological Evaluation, Psychiatric Evaluation, Neuropsychological Evaluation.....8

EDUCATION

IDEA Part C (ages 0-3).....9

IDEA Part B (ages 3-5 and school age).....10

Educational Surrogate.....11

EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)



Medicaid Covered



MD, DO, APRN, PA with
pediatric experience



1 doctor's visit

PURPOSE

To evaluate children's general health, growth, development, and immunization status; EPSDT provides a general overview of the physical and emotional health of the child.

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, and dental screen

INFORMATION TO INCLUDE IN THE REFERRAL

Basic information on why the EPSDT is needed, prior major medical/behavioral diagnosis, and previous primary care physicians

ADDITIONAL HELPFUL COLLATERAL

- Vaccination records
- Prior growth records
- Medication allergies
- List of current medications
- Pertinent family history
- Prenatal history
- Newborn complications - this information can come from previous healthcare providers

A signed release of information is helpful for the physician to obtain these records.

POSSIBLE RECOMMENDATIONS

- Vaccine catchup
- Dental referral
- Vision referral
- EDN or other educational assessments
- Emotional/behavioral assessments
- Sub-speciality pediatric evaluation dependent on findings

TRAUMA/MENTAL HEALTH

TRAUMA AND MENTAL HEALTH OVERVIEW

The order in which mental health and trauma screenings and assessments occur is important to ensure children receive the most appropriate and least invasive assessment given their circumstances and needs.

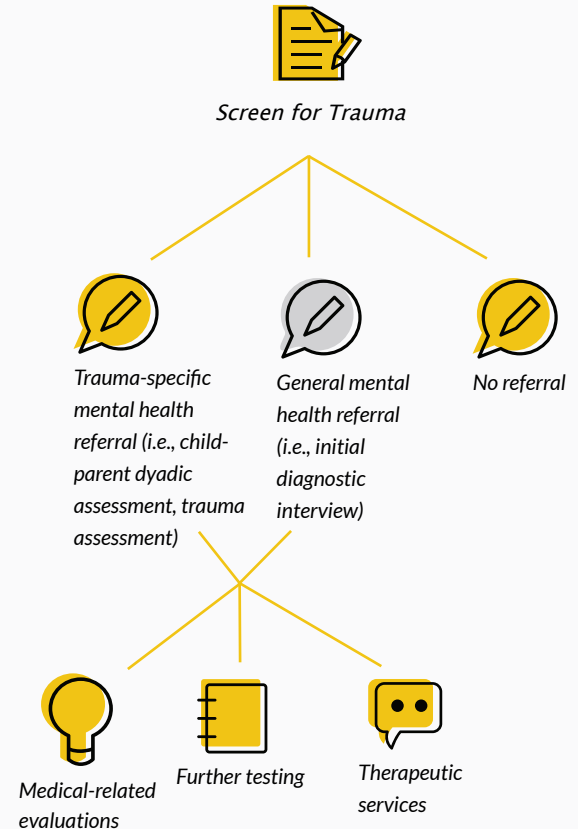
HELPFUL INFORMATION FOR THE REFERRAL

- Contact information for biological parents
- Contact information for foster parents and other pertinent caregivers
- Reason for the referral
- Summary of why the child is involved with juvenile court or the Department of Health and Human Services (DHHS)
- Names/contact information of professionals working with the child
- The core components of a trauma assessment (if referring for a trauma assessment)

HELPFUL COLLATERAL FOR ALL TRAUMA/MENTAL HEALTH ASSESSMENTS AND FURTHER TESTING RECOMMENDATIONS:

- Medical records
- Safety assessment or summary of safety threats
- Trauma screen
- Child and parent/caregiver history
- Education and/or Early Development Network screenings and assessments
- Child's previous trauma/mental health assessments and evaluations
- Signed releases of information so the provider can communicate with medical provider
- Factual basis for the adjudication

Feel free to ask the provider if there is any other helpful collateral.



TRAUMA SCREEN



Frontline professionals who have been trained to screen (training provided by the Nebraska Resource Project for Vulnerable Young Children)



None for the child, 15-30 minutes for the person administering

PURPOSE

To identify children who require an immediate stabilization; to identify children for whom a complete trauma assessment by a qualified provider is needed

ADDITIONAL HELPFUL COLLATERAL

- Documentation and collateral contained within the case file
- Interviews of caregivers (children should not be interviewed for purposes of this screening)

POSSIBLE RECOMMENDATIONS

Immediate stabilization services, trauma-specific mental health referral (child parent-dyadic assessment, trauma assessment), general mental health referral (initial diagnostic interview), no further referral needed at this time

MISCELLANEOUS

Re-screening can occur if there is a report of: new trauma, problematic reactions/behaviors, or change in placement. **Information collected while screening for trauma can be helpful for other providers (such as education providers, medical providers, mental health professionals) so they have knowledge of the child's history while protecting confidentiality.**

Find resources at nebraskababies.com/resources/guides-brochures

TRAUMA ASSESSMENT



Medicaid Covered



Licensed and clinically trained provider who understands child development and complex trauma



4-5 sessions with provider

Trauma Assessment components are covered under Medicaid although no specific CPT code exists for a Trauma Assessment. Providers should consult with specific insurance plans for coverage details.

PURPOSE

An in depth evaluation of trauma symptoms and psychological functioning

POSSIBLE RECOMMENDATIONS

- Medical-related evaluations
- Further testing
- Trauma-focused therapy
- Mental health therapy
- Educational services
- Assessment for physical therapy or occupational therapy

CORE COMPONENTS

- Assess a wide range of traumatic events and symptoms
- Gathers information using a variety of techniques (clinical interviews, standardized measures, behavioral observations)
- Collects information from a variety of perspectives (child, caregivers, teachers, other providers, etc.)
- 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

CHILD-PARENT DYADIC ASSESSMENT

A Child-Parent Dyadic Assessment is a Trauma Assessment for children ages 0-5. This assessment must be completed by a therapist who is certified to provide Child-Parent Psychotherapy.

INITIAL DIAGNOSTIC INTERVIEW (IDI)



Medicaid Covered



Licensed clinician who is able to diagnose and treat major mental illness within the scope of their practice (LIMHP, Psychologist, APRN/NP)

For an IDI with a young child, the therapist should have experience in working with young children and knowledge of child development.



1 session

PURPOSE

Provide a baseline of the 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

POSSIBLE RECOMMENDATIONS

Medical-related evaluations, further testing, trauma-focused therapy, mental health therapy, educational services

CORE COMPONENTS

- Reason individual was referred
- Comprehensive mental status examination
- DSM or DC 0-5 diagnosis
- History and symptomatology
- 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

FURTHER TESTING

Providers may recommend further testing to explore diagnoses such as attention deficit hyperactive disorder (ADHD), autism spectrum disorder, sensory processing disorder, and fetal alcohol spectrum disorder. The testing for these diagnoses, as well as many others, may be contained within one of the sets of testing (on the right). It is important to verify with the provider that their assessment/evaluation encompasses testing for that diagnosis.



Medicaid Covered

Further mental health testing may require pre-authorization with the managed care provider.

NEUROPSYCHOLOGICAL EVALUATION

PURPOSE:

- To identify any functional residual effects of injury or illness, including exposure to trauma, to the prenatal nervous system including late effects of prenatal exposure to teratogens (an agent or factor that causes malformation of an embryo)
- To answer a specific question on cognitive functioning
- To provide treatment recommendations

PSYCHIATRIC OR MEDICATION EVALUATION

PURPOSE:

To determine if the child has a psychiatric diagnosis for which medication would be appropriate; to determine if further testing is needed such as laboratory testing or referrals to other providers

PSYCHOLOGICAL EVALUATION

This is a rare recommendation for young children, but occasionally it is warranted.

PURPOSE:

To answer a specific question on a mental health disorder/diagnosis or intellectual functioning using standardized testing measures, and to provide treatment recommendations

EDUCATION

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA), PART C (CHILDREN AGES 0-3)

IMPORTANT INFORMATION

The Child Abuse Prevention and Treatment Act (CAPTA) requires all children under the age of 3 with a substantiated case of abuse/neglect be referred to the Early Development Network (EDN). Infants and toddlers with a 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 such as vision/hearing loss, autism spectrum disorders
- Failure to thrive, cleft palate, traumatic brain injury, seizure disorders and physical impairments from birth or accident
- Behavioral or emotional conditions such as serious attachment disorders
- Disorders secondary to exposure to toxic substances including drugs and alcohol exposure or fetal alcohol syndrome

The Trauma Screen is a good piece of collateral information to provide to EDN to assist in determining eligibility for early intervention services. If the child is determined eligible for EDN services, an Individualized Family Service Plan (IFSP) is developed. Early Intervention Services are recommended and the parent (or educational surrogate) must provide written consent for receipt of services. A Services Coordinator works with the biological and foster families, as well as the CFS worker and court team, to assist in the coordination of all services. If the parent has provided written consent, or if a court order exists authorizing release of educational records, then you may receive a copy of the child's Multidisciplinary Team (MDT) evaluation report. This report contains the evaluation results of the child across five developmental domains.

TRANSITION FROM PART C (0-3) TO PART B (3-21)

Transition
Conference

3 years old

~90 days

The purpose is to discuss if services are still needed, whether the child will transition from an IFSP to an Individual Education Plan (IEP), what changes will occur regarding services, location of special education service provision, and providers need to be made. DHHS must provide the most updated Superintendent letter to the school district upon referral.



Referral



Services Coordinator
Assigned



Evaluation
Team Assigned



Intake
Scheduled



Evaluation



Child and Family
Assessment



MDT/IFSP
Team Meeting



Required timeline from referral to IFSP
Team Meeting is 45 calendar days.

The School must have the most updated
Superintendent Letter to screen and/or evaluate.
DHHS is responsible for providing this.

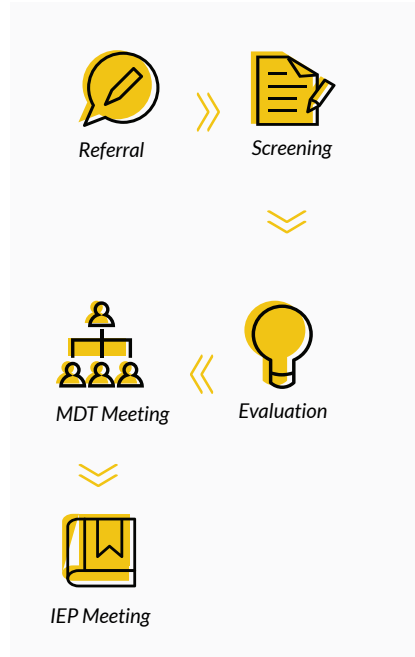
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA), PART B (3-5 AND SCHOOL AGE)

IMPORTANT INFORMATION

If the child is not already eligible under Part C, a special education referral is made to the local school district.



Required Timelines: 45 school days from signed consent to Multidisciplinary Team (MDT) Meeting; 30 calendar days from MDT Meeting to Individual Education Plan (IEP) Meeting



The person with educational rights must sign consent to have the child screened and/or evaluated.

Professional judgement is important in determining if a child is eligible for special education, but professional judgment, alone, cannot be used to determine eligibility. The evaluations conducted must also indicate there is a need for the service.

FOR A CHILD TO BE ELIGIBLE FOR SPECIAL EDUCATION:

Does the child meet Rule 51 criteria (based on evaluation scores)?

YES

Are there adverse effects on the child's education?

YES

Does the child have a need for special education services?

YES

Could the child be served with a lesser intervention (i.e., SAP or a 504 Plan)?

NO

Schools must have the most updated Superintendent Letter to screen and/or evaluate. The school receives this from DHHS.

EDUCATIONAL SURROGATES

Educational Surrogates may be assigned to any child, regardless of their age. An Educational Surrogate will be asked to sign consents for screening, evaluation, and services related to early intervention/special education services. They will also be asked to attend all special education meetings for that child.

WHAT IS AN EDUCATIONAL SURROGATE?

Generally, parents retain the right to make decisions regarding their child's education and special education services. If parents are not available to or able to make those decisions, an educational surrogate can be appointed through the school district and/or juvenile court to make those decisions.

THE SCHOOL DISTRICT RETAINS THE AUTHORITY TO APPOINT AN EDUCATIONAL SURROGATE. AN EDUCATIONAL SURROGATE MAY BE APPOINTED BY THE DISTRICT WHEN:

- No parent can be identified
- The school district, after reasonable efforts, cannot locate a parent
- The child is a ward of the state

For children who are wards of the state, the school district must consult with DHHS prior to determining whether a child needs an Educational Surrogate and assigning one.

In the case of a child who is a ward of the state, the Judge overseeing the case may also appoint an Educational Surrogate.

N

CENTER ON CHILDREN,
FAMILIES, AND THE LAW



@NEBRASKABABIES



NEBRASKA RESOURCE PROJECT
FOR VULNERABLE YOUNG CHILDREN

Additional information can be found at www.nebraskababies.com/resources