

Vulnerable Families

A Public Health Analysis of WV Children in Foster Care 2017 (A Preview)

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WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR
BEHAVIORAL HEALTH

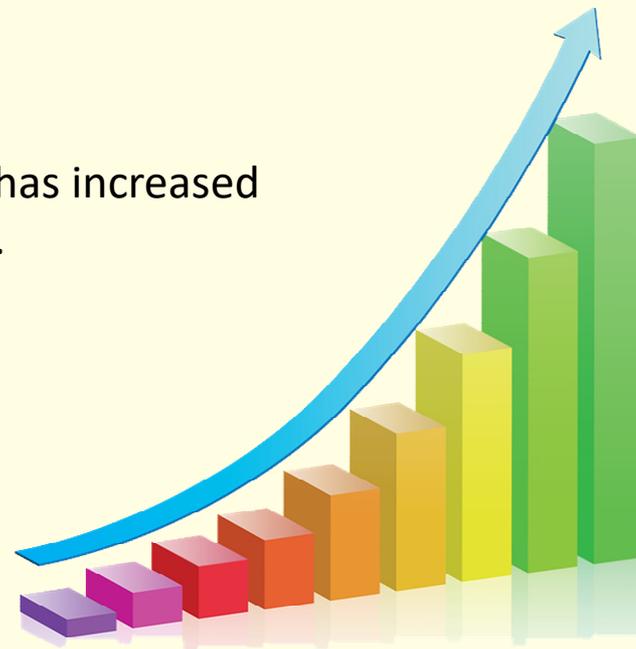
Background

- Strong evidence to support that Adverse Childhood Experiences (ACEs) shape adulthood and that trauma has a profound impact on health and well-being.
- Children who experience abuse or neglect are at a significantly higher risk of chronic disease, suicide attempts, unhealthy sex practices, smoking, alcoholism, and drug abuse.
- Children placed in foster care are at increased risk of expulsion, dropping out of school, unemployment, and incarceration.
- This public health analysis began in the summer of 2018 to better understand what is driving our child welfare crisis and is modeled after the 2016 West Virginia Overdose Fatality Analysis.

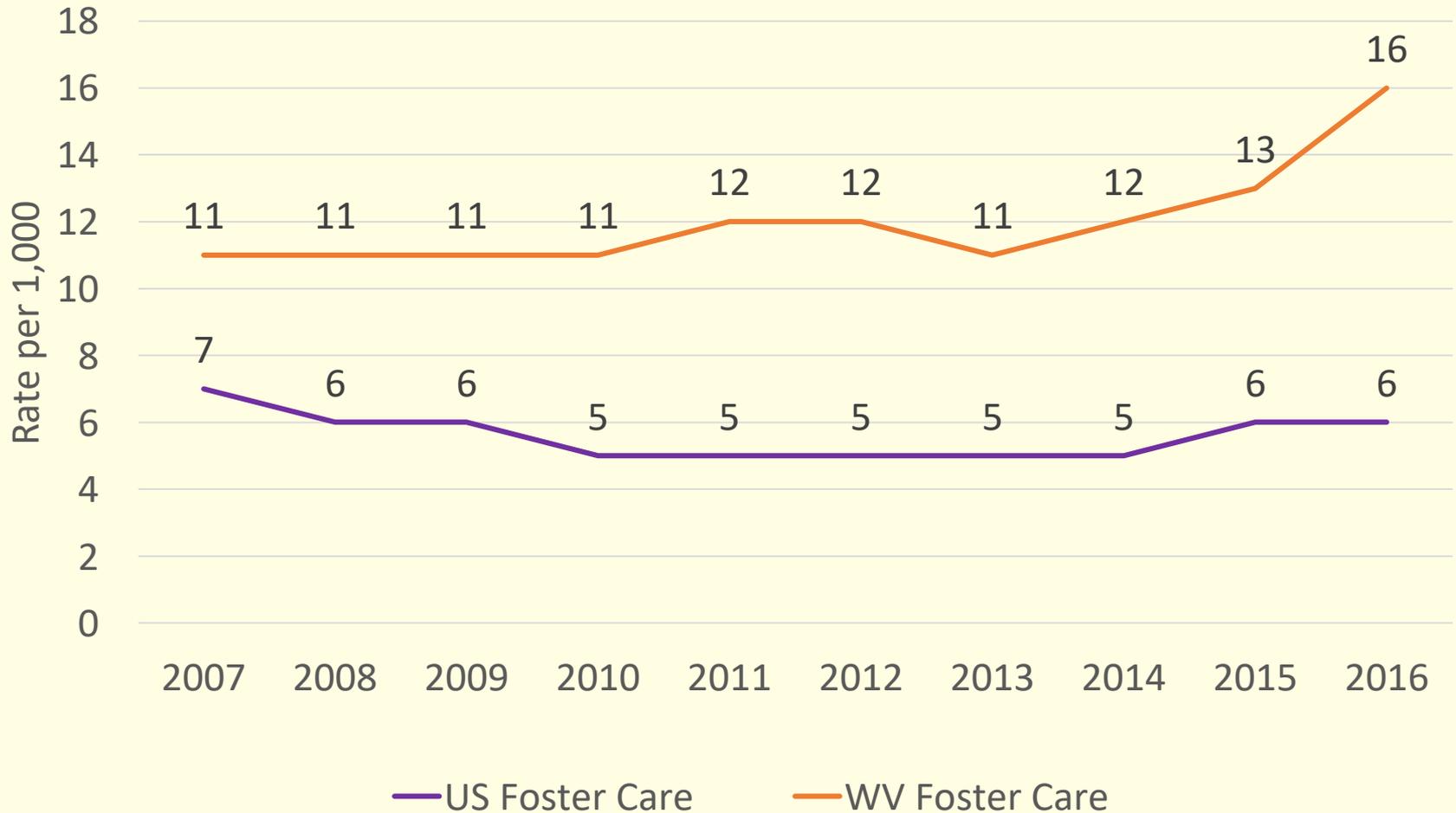
Purpose

- One part of a comprehensive response to the skyrocketing number of children entering WV foster care and the need to utilize a data driven approach for the deployment of prevention and intervention programming.
- The number of children in care at any given time has increased from 4,129 in September 2011 to 6,895 in September 2019.

The number of children in care has increased
by 67% since 2011.



Foster Care Rates US Versus WV



Methods

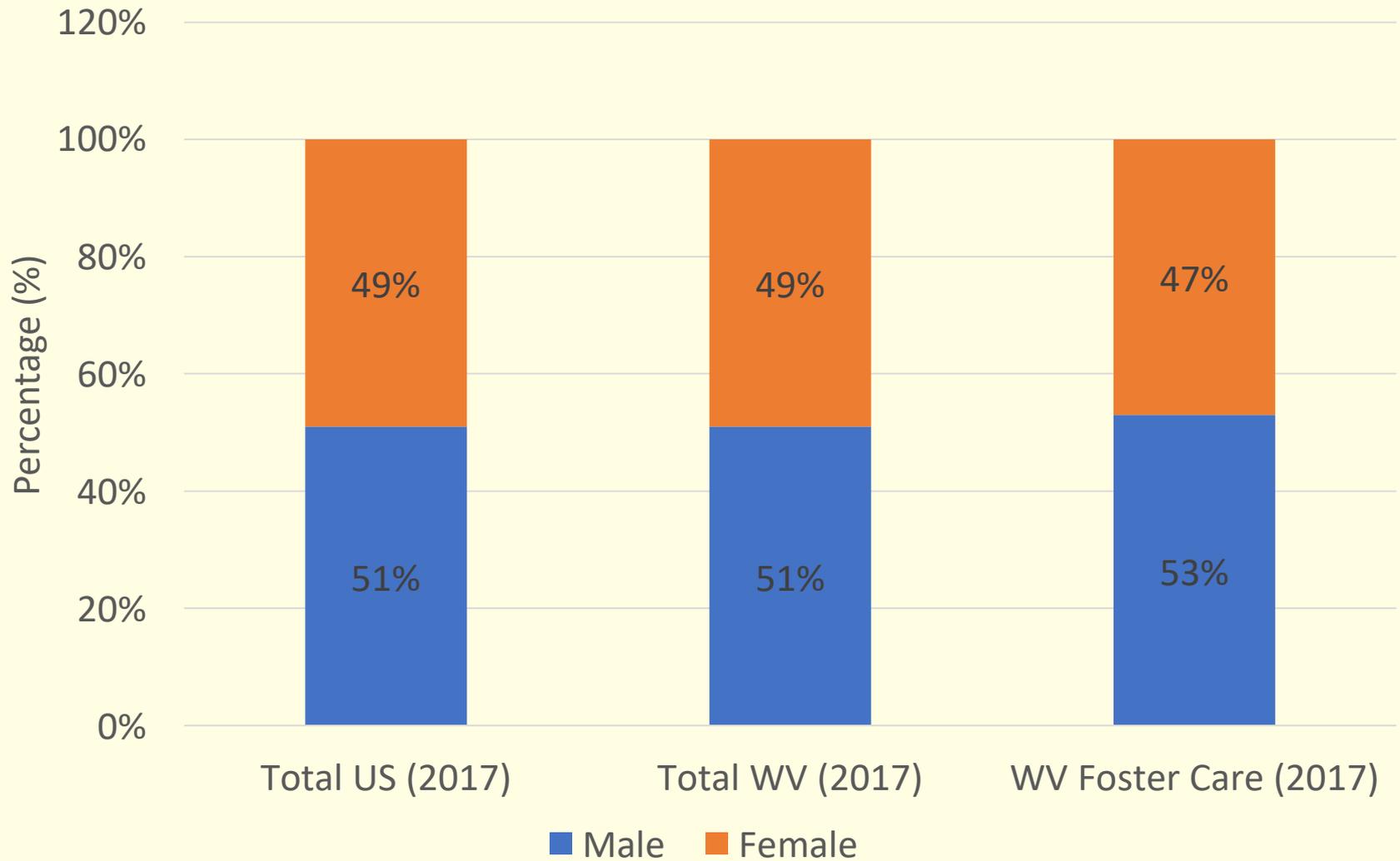
- The WV Department of Health and Human Resources (DHHR), Bureau for Children and Families provided a data set that included each child who spent one or more days in foster care during calendar year 2017.
- This list included 12,301 unique client identification numbers (likely includes some duplicate children because of child transition to State Ward status).
- DHHR matched identifiers to birth records, Medicaid claims, public health records, the controlled substance monitoring program and emergency medical services.
- Demographic data was defined for this population and children were assessed for interactions with the health care system in order to identify opportunities for intervention.

Demographic Information

- DHHR reviewed available demographic information to define the age, gender, and race of children in foster care in West Virginia to prioritize appropriate resources to the most at-risk population groups.



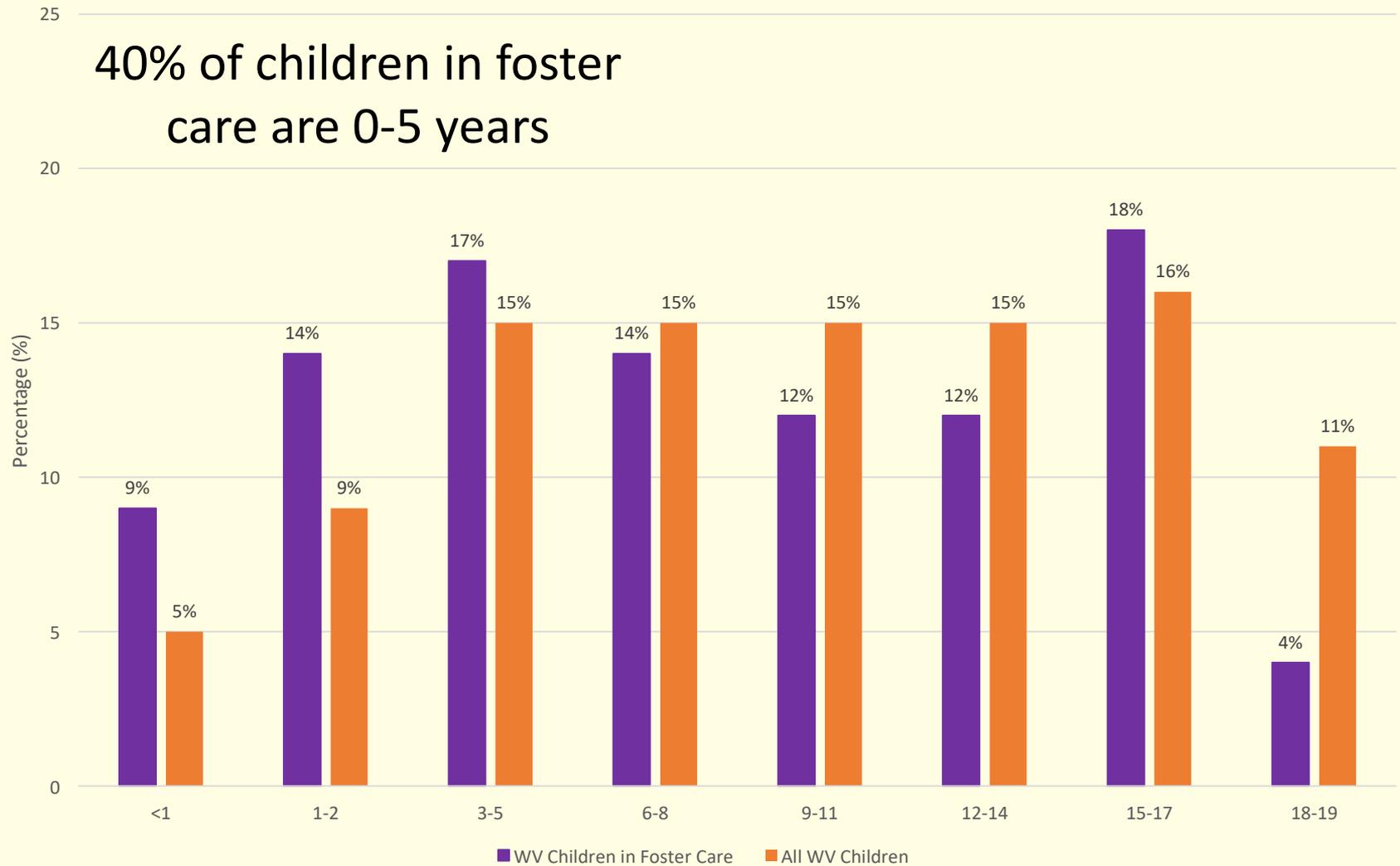
Gender



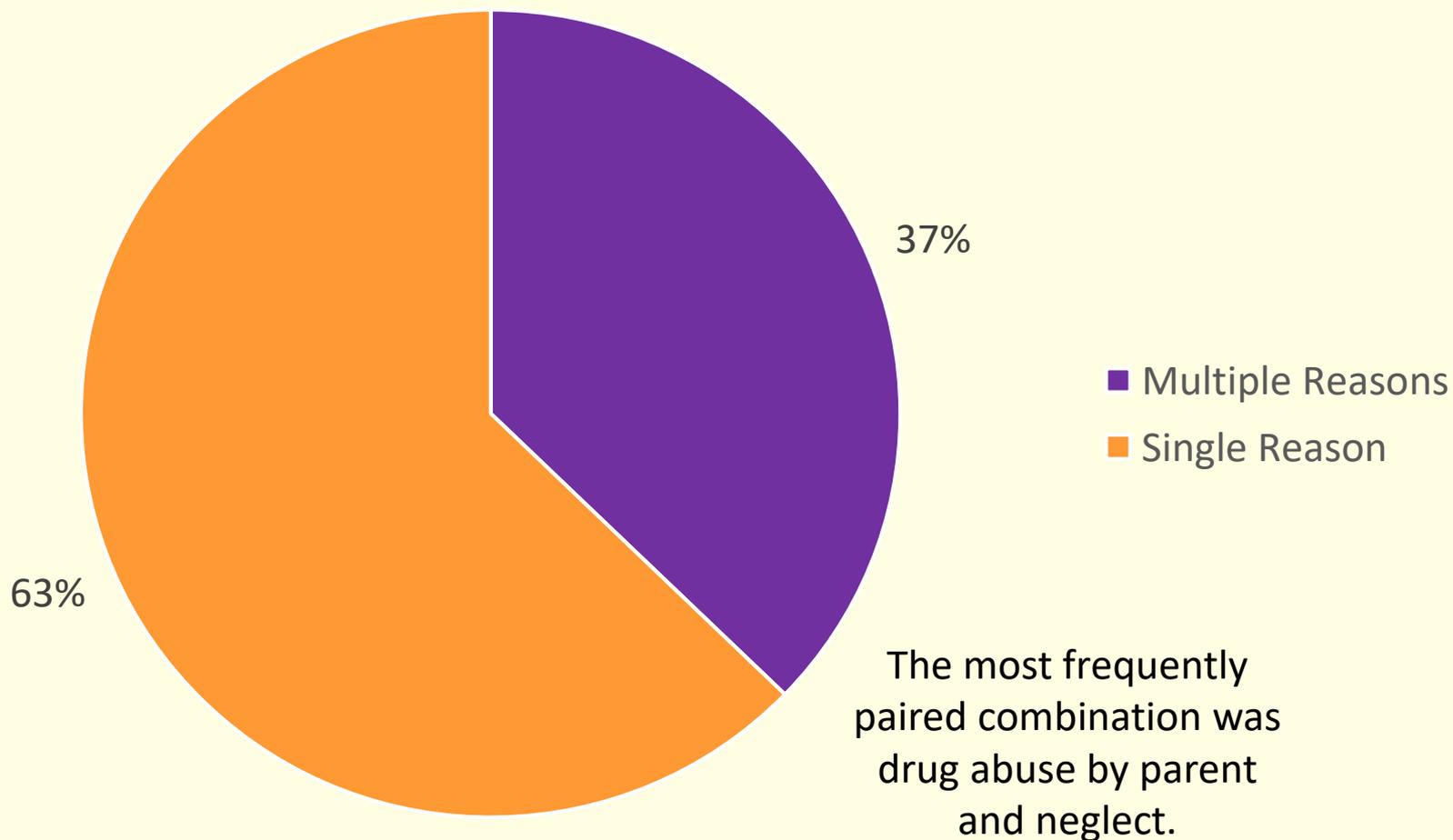
Racial Demographics

Race	All WV Children	WV Children in Foster Care
White	91.0%	89.0%
More than one race / Multiracial	4.0%	8.0%
Black or African American	4.0%	3.0%
Other	1.0%	<1.0%

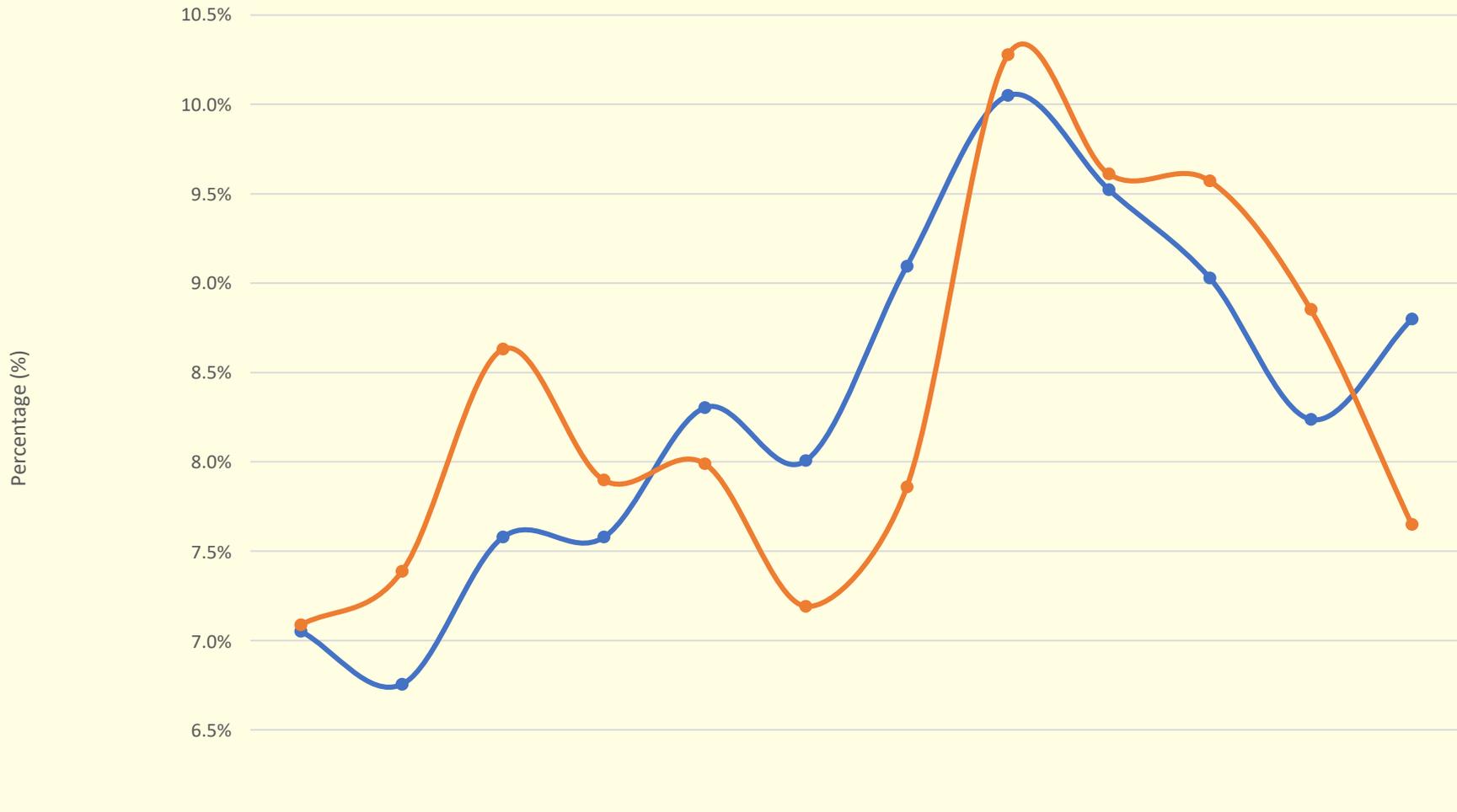
Age of Children in WV Foster Care



Children with More than 1 Reason for Removal



Month of First Removal by Age Group



	January	February	March	April	May	June	July	August	September	October	November	December
● Infant/toddler (0-2)	7.1%	6.8%	7.6%	7.6%	8.3%	8.0%	9.1%	10.0%	9.5%	9.0%	8.2%	8.8%
● School Age (3-19)	7.1%	7.4%	8.6%	7.9%	8.0%	7.2%	7.9%	10.3%	9.6%	9.6%	8.9%	7.6%

Recommendations (Demographics)

- Interventions must address the full age spectrum of children at-risk for foster care placement. Programmatic examples include:
 - Continue to expand wraparound and mobile crisis with a special emphasis on adolescents.
 - Continue to make referrals to Home Visitation Programs and early intervention services.
 - Continue to expand the family treatment continuum for substance use disorder, allowing families to remain together while a parent receives treatment when appropriate.

Importance of Prenatal Care

- Important to the health and well-being of both mother and baby.
- Without prenatal care, babies are three times more likely to have a low birth weight and five times more likely to die.
- Prenatal care can help prevent complications and inform women about important steps to protect their infant and ensure a healthy pregnancy.

Prenatal Care and Preterm Birth

Overall, 85% of all mothers in WV and US did not receive the recommended level of prenatal care.

Mothers of children in foster care were 27% less likely to receive prenatal care in the first trimester.

Children in foster care were more likely to be born preterm or early term.

Children in foster care were 38% more likely to be low birthweight than other WV infants.

Recommendations (Prenatal Care/Preterm Birth)

- DHHR should conduct systematic outreach using managed care organizations, Right From The Start, Women, Infants and Children (WIC) program, Supplemental Nutrition Assistance Program (SNAP) and other programs to assure that women receive prenatal care and other benefits to support a healthy pregnancy and identify high risk families.

Public Health Prevention Programs

- Programs offered by DHHR's Bureau for Public Health, Office of Maternal, Child and Family Health (OMCFH) give families, particularly those at-risk, resources and skills to raise children who are physically, socially and emotionally healthy and ready to learn.
- These programs are often associated with improved health outcomes, reduced child abuse and neglect, and enhanced child development and school readiness.

Participation in Prevention Programs

Birth
to
Three
is most common.

This number increased to
one in five children after
removal.

Only one in ten children interacted with a
public health prevention program prior to
removal.

Recommendations (Prevention)

- Assure that prevention programs are readily available for families with children of all ages.
- Promote stable, healthy family relationships, that when possible include mothers and fathers.
- DHHR should continue to increase utilization of existing evidence-based prevention programs.
- At-risk families without visible health conditions or developmental delays should be referred equally for appropriate services.

- Medicaid claims are a good indicator of health care interaction among children in foster care.
 - All children are eligible for Medicaid once they are in state custody, and many are eligible before removal.
- Although this information provides a snapshot of health care interaction, these measures are unlikely to ever reach 100%.
 - Some children may not be eligible for Medicaid prior to entering foster care.
 - Some children may have interactions with the health care system prior to entering foster care including a well-child visit or be in foster care only a short time.

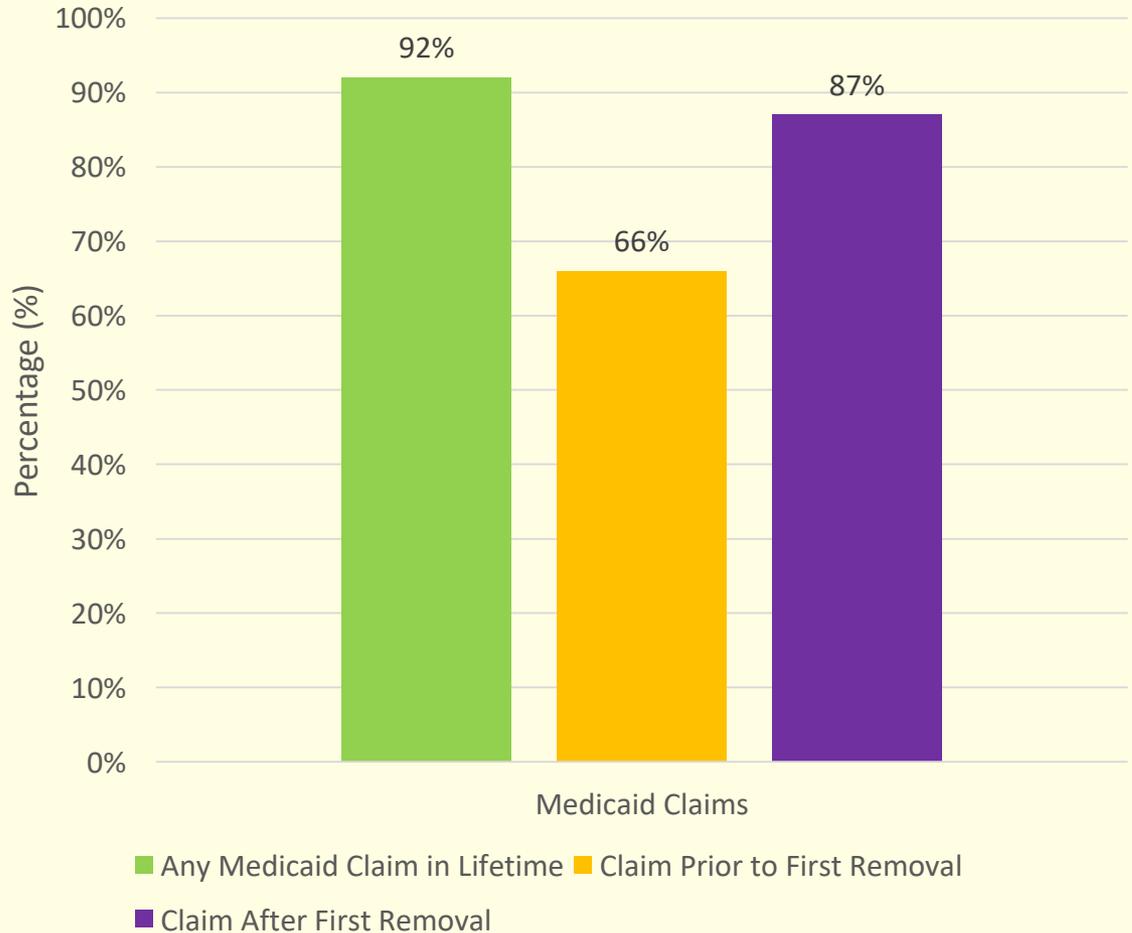
Medicaid Claims

- 92% of children had a Medicaid claim.
- 66% were eligible for Medicaid in the year prior to removal.
- West Virginia children in foster care are more likely than the general population to have been Medicaid-eligible prior to placement.

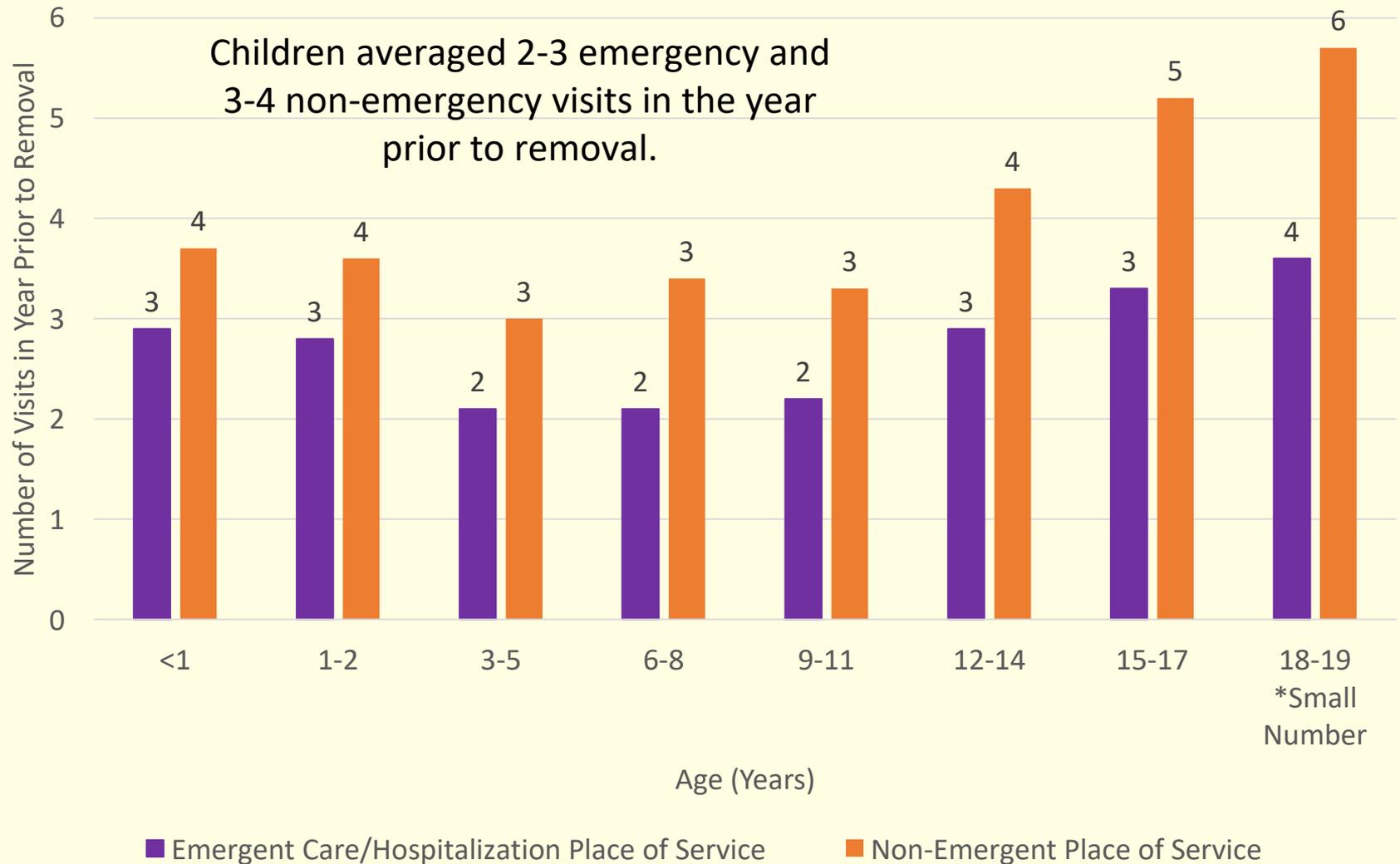


Medicaid Utilization and Removal Status

66% of all children had a Medicaid claim in the year prior to their first removal.



Average Number of Visits



Summary of Medicaid Visit Types

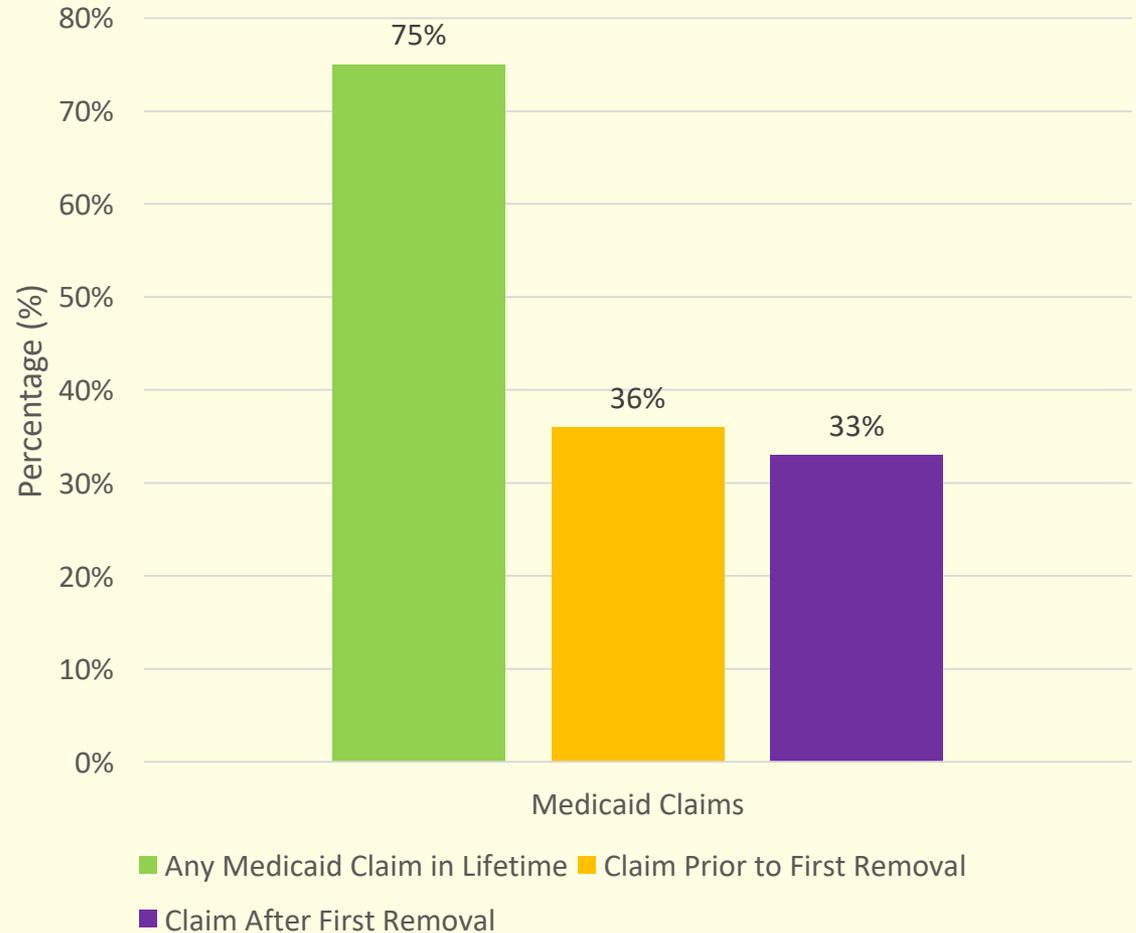
- At least 66% of children interacted with a health care provider in the year prior to removal.
- Only 36% received a well-child visit in the year prior to removal.
- Children were more likely to receive care in an office setting (60%) than in an emergency department (36%) in the year prior to removal (note: some children may have been seen in both places).
- Overall, visits increase after placement in foster care. It is believed this is likely the result of policy requiring a health exam upon removal.

Summary of Diagnoses from Medicaid Claims

- Common diagnoses include:
 - Diseases of the respiratory system (48.6%).
 - Mental, behavioral and neurodevelopmental disorders (36.6%).*
 - Diseases of the nervous system and sense organs (33.1%).
 - Injury and poisoning (29.8%).*
 - Infectious and parasitic diseases (24.3%).*
 - Certain conditions originating in the perinatal period (5.4%).*

Emergency Department Visits

Nearly 4 out of 10 children had an emergency department claim in the year prior to placement.



Summary of Emergency Department Visits

- Common diagnoses include:
 - Symptoms, signs and abnormal clinical laboratory findings, not elsewhere specified.
 - Injury and poisoning.*
 - Diseases of the respiratory system.
 - Diseases of the musculoskeletal system and connective tissue.*
 - Diseases of the nervous system and sense organs.
 - Mental, behavioral and neurodevelopmental disorders.*

Recommendations (Medicaid)

- Health care providers should utilize appropriate screening tools and refer to services such as home visitation, West Virginia Wraparound and other mental health services as appropriate.
- High quality mental health oriented early intervention and specialty services must be readily available in local communities for children and their families.
- Mental health workforce shortages are well documented in WV and workforce development initiatives should emphasize service delivery to this population.
- DHHR should continue to assure that children receive health exams upon removal.

Using the Data to Shape Our Work

- Clearly defines contributing factors to a much broader systems problem.
- Assists in the development of strategic planning.
- Informs funding announcements.
- Identifies programmatic gaps (i.e. lack of evidence-based prevention programs for children during middle childhood).
- Contributes to cross-bureau collaboration (i.e., all DHHR bureaus viewing Family Planning services as an important prevention opportunity).
- Informs workforce development and training needs.

Contact

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