



Physical health and mental health improvements: Foster care professionals

Survey Report

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» Survey instrument	
[Note regarding instrument: The on-line interface provided each respondent with only one question per screen. This copy of the instrument is in the preview format for the survey developer.]	

Introduction

Obtaining appropriate physical, behavioral and mental health for foster children is one of the many challenges facing foster parents caring for District foster children. As part of a project to develop a health training curriculum for foster and adoptive parents and advocacy agenda, funded by the Consumer Health Foundation, the Foster and Adoptive Parent Advocacy Center (FAPAC) conducted an on-line survey in the winter of 2006 of selected child welfare and health professionals involved with the delivery of child welfare, and/or health and mental health services for District foster children to obtain information on their opinions on the efforts to improve health and mental health services for foster children.

FAPAC also conducted an on-line survey of CFSA and DMH professionals, a telephone survey of foster parents during the summer of 2005, and a written survey of foster parents in early 2005 using a convenience sample. Findings from these surveys are presented in separate reports.

Key Findings

- » Fourteen child welfare and health professionals involved with the delivery of child welfare and/or health and mental health services for District foster children were invited to participate in a survey focusing on medical and mental health care for foster children.. Eleven completed the on-line survey (78.5% response rate).
- » Respondents identified some issues of concern to foster parents—determined by a previous FAPAC survey of foster parents—but did not identify difficulties foster parents have in filling prescription drugs at pharmacies as a foster parent concern.
- » Respondents identified the problems that CFSA and DMH should be addressing in their reform efforts: increasing the availability and quality of services, addressing issues relating to Medicaid and providing medical histories to foster parents.
- » Most community professionals indicated that CFSA was doing a “good” or “fair” job in achieving their objectives, and indicated that DMH was doing a “poor” or “fair” job.
- » Barriers to achieving reform objectives included lack of leadership, lack of interagency cooperation, lack of resources, and lack of inclusion of families and communities in the reform efforts. Increasing advocacy efforts, including the development of an agenda was identified as an approach to address barriers.
- » Respondents identified the need for information on resources and services for both foster parents and social workers. Foster parents also need training on how to access services, and how to address specific emotional and behavioral needs.
- » Respondents indicated that social workers were not “adequately equipped to address the medical and mental health needs of foster children. Social workers lack child-specific information and training.

Methodology

To conduct this survey, FAPAC identified fourteen child welfare and health professionals involved with the delivery of child welfare and/or health and mental health services for District foster children. (Respondents will be referred to as community professionals in this report.) The on-line survey previously used for CFSA and DMH leadership was modified to survey this identified community professionals. The on-line methodology was used for convenience, and to elicit more complete and open responses from survey respondents. This was not intended to be a representative survey, but a survey of key informants.

A sixteen question survey was developed by a survey consultant with input and review from FAPAC staff and another consultant. Twelve of the sixteen questions were open-ended questions, and four were close-ended questions where respondents needed to select from the choices provided. Respondents were asked to answer all sixteen or fifteen of the questions, with the number depending on the response to one of the closed-ended questions.

The survey was sent via e-mail on February 8, 2006. The introductory e-mail briefly explained the purpose of the survey and provided assurances of anonymity of responses. A link to the survey was provided, as was a link to decline the survey. The response rate was closely monitored and the survey was sent again to non-responders four additional times over a two and one-half week period. The survey was closed on February 25, 2006. Eleven of the fourteen persons responded to the survey, none declined through the on-line survey process. The rate of response was 78.5%. Respondents took on average approximately eleven minutes to complete the survey. None of the respondents completed the entire survey. The range of responses to each question was 100% to 45%.

Summary of Survey Results

Survey results are described only in the aggregate; individual responses are not provided, although some quotations from respondents are used if they do not provide identifying information of the respondent.

A. Perception of foster parents' concerns

Respondents were first asked to select from a list of ten issues, the three issues which they felt were the most significant concerns of foster parents regarding medical and mental health services for their foster children. All of the respondents answered this question.

The most frequently selected response was "Obtaining medical histories at time of placement" (selected by 5 respondents), followed by "Obtaining assistance from social workers" and "Mental and/or behavioral evaluations", (each selected by 4 respondents) (Table 1).

The issues identified by the professionals as being significant concerns of foster parents were similar to the issues identified by the CFSA and DMH professionals, but vary somewhat from the issues identified by the foster parents in the FAPAC telephone

survey. Obtaining medical histories was identified by 73% of the respondents as a concern. While slightly more than half of the surveyed foster parents indicated that they had not received information about their foster child’s medical history (53.7% of the surveyed foster parents)¹, 60.5% indicated that obtaining medical history for the child’s social worker “was not a problem at all”. In contrast to the professionals’ perceptions, nearly 80% of the surveyed foster parents felt that they would be able to obtain assistance from social workers if they experienced a problem in getting the care that their foster child needed.

Foster parents who indicated using DC KIDS for health care were asked about the waiting time for appointments. Of these (43% of surveyed foster parents), 58% indicated that they were either “very satisfied” or “satisfied” with the time they had to wait for appointments. Similarly, of the foster parents who indicated receiving mental or behavioral health services (50.% of surveyed foster parents), 85.1% indicated that they were either “very satisfied” or “satisfied” with the time they had to wait for appointments.

However, obtaining a Medicaid card was identified by foster parents as a major concern, with 62.6% indicating that they had never received a Medicaid card for their child, and 70.1% indicating that obtaining a Medicaid card was a problem for them.

Obtaining information from providers was generally not indicated by surveyed foster parents as a major problem—with 86.2% of DC KIDS users indicating satisfaction with the information provided to them.

The location of providers for both physical and mental health service was a common area of dissatisfaction among surveyed foster parents, with Maryland foster parents being more dissatisfied than District foster parents.

An unexpected barrier identified during the telephone survey was the difficulty many foster parents—particularly those living in Maryland—experience in filling prescriptions at pharmacies. Only one of the surveyed community professionals selected this issue from the list. CFSA and DMH professionals also did not identify this as a concern of foster parents.

Table 1. Perception of foster parents’ concerns

Issue	* (% of respondents)
Obtaining medical histories at time of placement	8 (73%)
Obtaining mental and/or behavioral evaluations	7 (64%)
Obtaining assistance from social workers	4 (36%)
Getting timely appointments	3 (27%)
Obtaining their child’s Medicaid card	3 (27%)
Obtaining information from their child’s providers	2 (18%)
Learning about what services DC KIDS offers	2 (18%)
Locating doctors who have convenient office/clinic hours	2 (18%)
Locating doctors who are convenient to their home	1 (9%)
Filling prescriptions	1 (9%)
Total	33*

* Each of the eleven respondents provided three responses, as instructed

¹ Foster parents in the telephone survey were asked to focus the answers to most of the survey questions on the child who was most recently placed in the home.

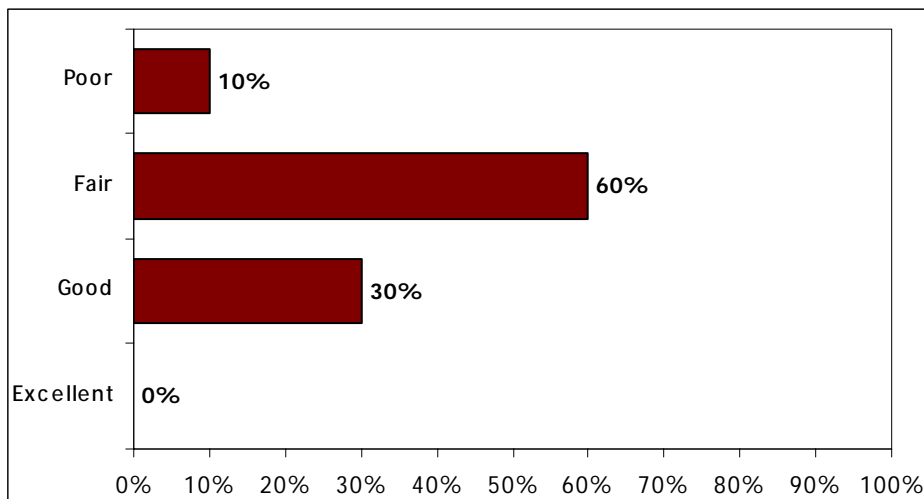
B. Description and assessment of CFSA and DMH reform objectives

The surveyed community professionals were asked to describe the problems that CFSA and DMH should be addressing in their improvements for physical and mental health services for foster children. Nine (82%) respondents answered this question, identifying a wide range of issues:

- » Increasing the availability of services and expanding the breadth and depth of the services network—including mental health services to address attachment disorder, PTSD, and recovery from physical and sexual abuse.
- » Addressing issues relating to Medicaid—including reimbursement rates, improving customer service, expediting transfer of payment sources for foster children
- » Improving the quality of services provided by community agencies—including an evaluation of DC KIDS program. Services should conform with professional association treatment guidelines (e.g., AAP, CWLA).
- » Providing complete medical histories to foster parents at time of placement and providing a comprehensive medical and mental health evaluation at time of entry.

Respondents were then asked to rate how both CFSA and DMH were doing in achieving their reform objectives. Ten respondents (91%) rated both CFSA's and DMH's performance. None of the respondents indicated that CFSA was "excellent" in its efforts, with almost all indicating that CFSA was doing a "good" job (30%) or "fair" job (60%). The community leaders' assessment was less favorable than the professionals' assessment of their agencies' performance. (Figure 1).

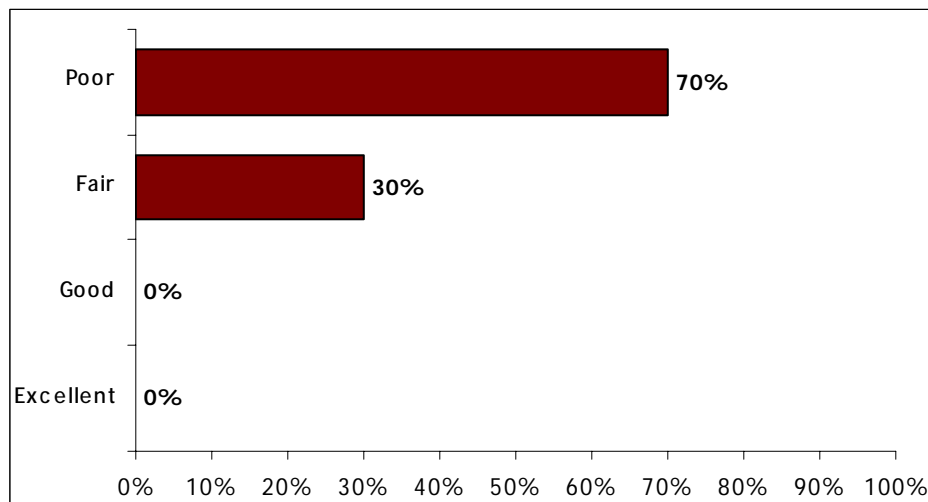
Figure 1. Assessment of CFSA's achievement of reform objectives



Respondents indicated that DMH was less successful than CFSA. None of the respondents indicated that DMH was "excellent" or "good" in its efforts, with 30% indicating that DMH was "fair", and 70% "poor". The community leaders' assessment of

DMH was less favorable than the professionals' assessment of their agencies' performance. (Figure 2).

Figure 2. Assessment of DMH's achievement of reform objectives



Respondents were asked to identify the barriers for each of the agencies in achieving its reform objectives. Ten of the respondents (91%) responded to the questions relating to CFSA's barriers, and 9 (82%) to the questions relating to DMH's barriers. The barriers to CFSA implementation identified by the community professionals included:

- » Lack of leadership and agency focus—lack of consistent vision
- » Crisis management orientation of the agency
- » Challenges of interagency cooperation—difficulty in addressing multi-agency cooperation
- » Lack of inclusion of families and communities; agency does not share information with the communities
- » Practice is inconsistent with agency policy—staff is not adequately trained; staff does not understand federal program rules relating to Medicaid eligibility and services
- » Lack of clarity of what DC KIDS program is supposed to provide
- » Lack of monitoring of children's health care and limitations of services available to foster children

The barriers to DMH implementation identified by the community professionals included:

- » Lack of leadership and agency focus
- » Lack of commitment to change by staff
- » Lack of accountability and flexibility of agency systems
- » Lack of connection with the community
- » Challenges of interagency cooperation—difficulty in addressing multi-agency cooperation
- » Lack of inclusion of families and communities; agency does not share information with the communities
- » Inadequate resources committed to children's mental health services

- » Lack of availability of quality services

Some of the barriers identified by community professionals were similar to the barriers identified by the CFSA and DMH professionals. These include lack of leadership, lack of inclusion and lack of adequate resources.

C. Description of community agencies’ participation in reform efforts

Asked to describe their satisfaction with their level of involvement with CFSA and DMH reform efforts, 30% of the respondents indicated that they were “happy” with their level of participation, 50% indicated that they wanted to increase their level of participation, and 20% indicated that their agency had not been involved in the efforts. None of the respondents indicated that they had “been excluded from participating in the reform efforts.”

Table 2. Perception of involvement in reform efforts

Issue	# (% of respondents)
I/my agency has been adequately included in the reform efforts. I am happy with my/our level of participation	3 (30%)
I/my agency has not been adequately involved in the reform efforts. I/my agency would like to increase our level of participation.	5 (50%)
I/my agency has not been involved at all in the reform efforts.	2 (20%)
I/my agency has been excluded from participating in the reform efforts.	--
Total	10 (100%)

Respondents (n=7) who have been involved in these efforts, reported that this involvement included meeting with CFSA and DMH, participating in CINGS—although one respondent indicated that the project has had “minimal impact” on access to or the quality of mental health services for children.

When asked how community child welfare and health care agencies could work with CFSA and DMH to address identified barriers, many of the respondents identified community and political advocacy as a method. Other responses included:

- » Developing an agenda which includes all stakeholders and includes both experts and the foster families
- » Acting as a source of information, providing feedback to CFSA about what is actually happening and holding CFSA accountable to making needed changes (identifying both successes and failures)
- » Providing training about federal rules and regulations relating to funding and access
- » Working with the Monitor

Eighty-two percent (82%) responded to this question.

D. Description of role of foster and adoptive parents in reform efforts

Asked to describe how foster and adoptive parents can work with CFSA and DMH to address barriers respondents also identified community and political advocacy—“Work through existing advocacy groups...Document progress and lack [of progress]”. Additionally, several respondents indicated the need to include foster and adoptive

parents in planning efforts and in soliciting information and feedback from them. One respondent wrote: “We should be invited to every problem-solving table....It’s nuts to leave us out.” Seventy-three percent (73%) responded to this question.

E. Description of needs of foster parents for accessing medical and mental health care

Respondents were asked to identify what resources and training/education foster parents needed to access the appropriate medical and mental health care for their foster children. Resource needs identified include:

- » Information regarding what services are available (a directory of participating physicians)
- » Information regarding whom to contact if there are problems in accessing services or in service delivery (“A place to call for information and action without getting the run around.” “A more responsive CFSA—staff more committed to assisting foster parents in obtaining records, etc.”)
- » Services that are accessible and have flexible hours
- » A complete medical history and the opportunity to discuss this history and the child’s needs with a medical professional
- » Better information from social workers (“I need a social worker who can teach me or work with me, not another person I need to educate.”)
- » “We need champions who stick with us until the problems are managed, if not solved. We do not need folks who don’t know about and don’t understand the medical and behavioral issues foster children face.”
- » Assistance in obtaining appropriate school placement

Eighty-two percent (82%) responded to this question.

Identified training and educational needs include:

- » Training on resources and services: availability, how to access, how to problem-solve, the role of foster parents in consenting for treatment, medication management, and other policy-related issues
- » Training on how to handle specific behavioral and emotional needs and developmental issues
- » Training on how their own mental and emotional issues can be triggered by a child’s behavior

Forty-five percent (45%) responded to this question.

The foster parents responding to the telephone survey indicated a need for training and education on the availability of services and on how to access these services. For example, while most of the foster parents had heard of DC KIDS (85%), fewer than half had used the program. Some foster who did not use DC KIDS indicated not knowing about it or knowing how to make appointments. CFSA and DMH professionals also identified the need for resource information and for assistance with problem solving.

F. Assessment of capacity of social workers and identification of needed resources

Asked to assess whether social workers were “adequately equipped to address the medical and mental health needs of foster children”, almost all of the 9 respondents indicated “no” (82% responded to this question). Elaborations included:

- » “They lack information about a child’s medical history, even if the child has been in foster care for many years.”
- » “Evidence of social work competency should be tied to their performance evaluation that includes feedback from foster parents.”

CFSA and DMH professionals also indicated that social workers did not have adequate training or experience, noting a wide variation in the capacity of social workers.

Resource needs identified for social workers were similar to those identified for foster parents:

- » Training on resources and services: availability, how to access, how to maximize usage
- » Information regarding what services are available (a directory of participating physicians)

Other identified needs included:

- » Improved/stronger supervision
- » Systems of care that are reliable
- » “Very big hammers—they need the clout to get past Medicaid or get it fixed.”

Forty-five percent (45%) responded to this question. CFSA and DMH professionals also identified the need for social workers to be trained on the availability of resources and services.

G. Identification of other needed changes

In the last two open-ended question, respondents were asked to identify what changes their own agency needed to make “to improve the medical and mental health care services of foster children” and “what other changes are needed to improve the delivery” of these services. Slightly more than half (55%) responded to the first question, and 36% to the final survey questions.

Changes needed in the respondents’ agencies included:

- » Increased knowledge and early detection of mental health needs
- » Increased capacity
- » Increased information from CFSA; ability to monitor and assess services
- » Increasing advocacy activities

Other identified changes included:

- » The need to make mental health of all of the city’s children a priority
- » Improving the availability and quality of services

Discussion

This non-representative survey of community child welfare and health professionals provides information useful to FAPAC to inform the development of a foster parent training curriculum and to support its advocacy agenda. Respondents identified a variety of training and educational needs of foster parents, which includes the need to provide additional information on resources and the use of CFSA and DMH services.

A variety of advocacy issues were also identified. These include involving foster and adoptive parents in reform efforts, and educating CFSA and DMH about the concerns and experiences of foster parents in accessing medical and mental health services, and educating and involving other stakeholders in reform efforts.

Many of the issues and concerns identified by these community professionals were similar to those identified in the survey of CFSA and DMH professionals. Not unexpectedly, community professional respondents rated CFSA's and DMH's achievement of their reform efforts more critically than the agencies' own leadership who were surveyed. Both community and CFSA and DMH professionals indicated the need for being inclusive in the reform efforts and to improve collaborations as a method of improving medical and mental health services.

Community professionals identified barriers relating to the lack of clarity, commitment to and consistency of the reform efforts as barriers and identified the need for increased community advocacy as a method of working with CFSA and DMH to achieve reform goals. Community professionals also identified the need for evaluation of current services (DC KIDS) and the need for monitoring and accountability of services providers to ensure the quality services.

Surveyed foster parents indicated problems with filling prescriptions, and neither the community nor CFSA and DMH professionals identified this as a foster parent concern. Conversely, both groups of surveyed professionals indicated that the lack of the foster child's medical history or the capacity for assistance from the social worker were areas of foster parent concern, but the surveyed foster parents did not indicate these as areas of major concern.



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1. Introduction Edit Page Delete Page Copy/Move Add Logic

The Foster and Adoptive Parent Advocacy Center (FAPAC) is doing an analysis of health and mental health needs of foster children to inform the development of a foster parent training curriculum and to support our advocacy agenda.

To help us obtain a full spectrum of information, we are surveying local child welfare and health care leaders about their thoughts and experiences with health and mental health services. Surveys of foster parents and of CFSA and DMH leaders have also been conducted as part of this project.

Your assistance is important. We would greatly appreciate your taking the time to complete this brief survey. Your responses are anonymous and findings from this survey will be reported only in the aggregate, so please try to be as reflective as possible, even concerning your own agency.

If you have any questions regarding FAPAC or this survey, please contact Margie Chalofsky, Director of FAPAC at 202-269-9441. You will be taken to the FAPAC Web site after completing this survey.

Thank you for your assistance.

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2. Question 1 Edit Page Delete Page Copy/Move Add Logic

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1. From the list below, please select the THREE issues which you think foster parents consider their most significant concerns regarding medical and mental health services for their foster children. (You may add an item in "Other" field.)

Obtaining medical histories at time of placement

- Obtaining information from their child's providers
- Obtaining assistance from social workers
- Getting timely appointments
- Learning about what services DC KIDS offers
- Locating doctors who have convenient office/clinic hours
- Obtaining their child's Medicaid card
- Locating doctors who are convenient to their home
- Filling prescriptions
- Obtaining mental and/or behavioral evaluations
- Other (please specify)

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3. Question 2

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2. In your own words, please describe what problems CFSA and DMH should be addressing as part of their efforts to improve the physical and mental health services for foster children.

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4. Question 3

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3. How do you think CFSA is doing in achieving its objectives of improving health services for foster children?

- Excellent
- Good

- Fair
- Poor

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4. How do you think DMH is doing in achieving its objectives of improving mental health services for children in foster care?

- Excellent
- Good
- Fair
- Poor

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5. Question 8 [Edit Page](#) [Delete Page](#) [Copy/Move](#) [Add Logic](#)

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5. From your experience, describe your level of involvement with the CFSA and DMH reform efforts. (Please select the best response.)

- I/my agency has been adequately included in the reform efforts. I am happy with my/our level of participation.
- I/my agency has not been adequately involved in the reform efforts. I/my agency would like to increase our level of participation.
- I/my agency has not been involved at all in the reform efforts.
- I/my agency has been excluded from participating in the reform efforts.

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6. Please briefly describe how your/your agency has been involved in these efforts.

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7. What are CFSA's major barriers to achieving its change/reform objectives?

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8. What are DMH's major barriers to achieving its change/reform objectives?

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9. How can community child welfare and health care agencies work with CFSA and DMH to address these barriers?

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10. How can foster and adoptive parents work with CFSA and DMH to address these barriers?

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11. What resources do foster parents need to access the appropriate medical and mental health care for their foster children?

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12. What specific training and education do foster parents need?

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12. Social work equipped

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13. Overall, do you think that foster parents' social workers are adequately equipped to address the medical and mental health needs of foster children?

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13. Question 9

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14. What resources do social workers need in order to access the appropriate medical and mental health care to foster children?

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14. Untitled Page

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15. What changes does your agency need to make to improve the medical and mental health care services of foster children?

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15. Agency change

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16. What other changes are needed to improve the delivery of medical and mental health services to foster children?

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