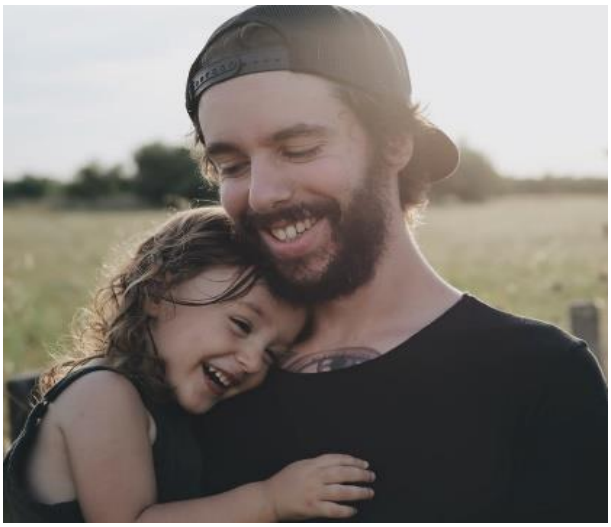
Ventura County Behavioral Health
Children's Accelerated Access to Treatment and Services (CAATS)
Evaluation Report: August 2019



VENTURA COUNTY
BEHAVIORAL HEALTH

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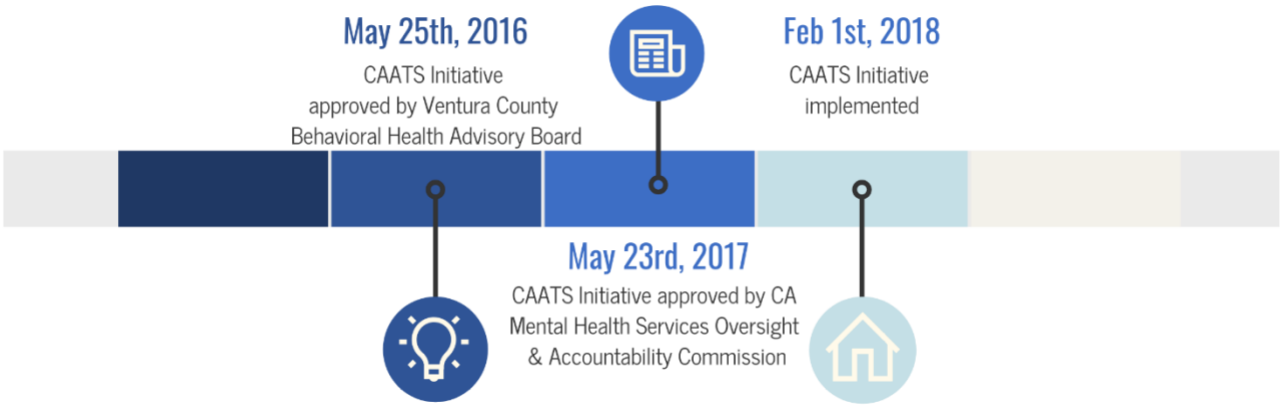
I: Overview/Background

Children's Accelerated Access to Treatment and Services Program

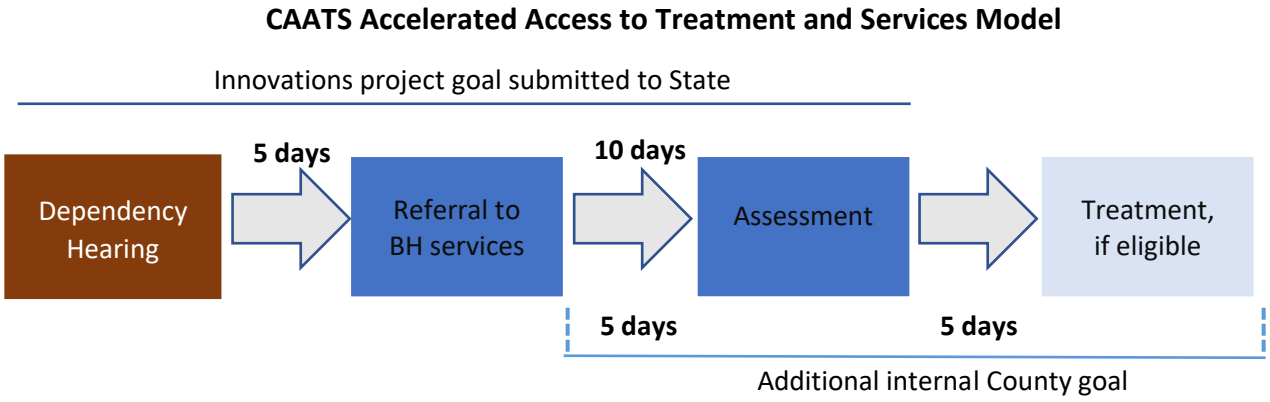
In 2016, Ventura County Behavioral Health (BH) developed the Children's Accelerated Access to Treatment and Services (CAATS) initiative. CAATS is funded with Mental Health Services Act (MHSA) Innovation monies and leveraged by EPSDT Medical dollars to serve youth in dependency of the Ventura County Child Welfare System. The CAATS initiative facilitated a series of process and procedural changes within BH in order to improve access, quality, and timeliness of mental health services, including psychotropic medication support, for youth in dependency.



An important note about CAATS is that it functions within the larger context of the Continuum of Care Reform (CCR), and Pathways to Wellbeing, a collaborative initiative between the various agencies involved in caring for youth in dependency: Human Services Agency (HSA), Probation (VCPA), Public Health, BH and members of the child's support network. The foundation of CCR is to increase coordination across agencies so that youth placed within the child welfare system are assessed properly, provided with the appropriate services and supports, and ultimately reunified with their families or placed in a permanent and safe setting as quickly as possible. Through the implementation of CCR, Ventura County partner agencies have engaged in system mapping processes and organizational changes to more efficiently increase their collaborative efforts and implement practices to provide better care and services to youth and families within the foster care system. CAATS is one of the processes that was created to make concrete shifts in service provision to better meet the needs of youth in dependency.

The primary goals of the CAATS initiative are: to conduct universal assessments, provide faster linkages to services, and provide increased supports to youth and their families. One essential element of the CAATS initiative is the Accelerated Assessment and Linkage to Services Model (i.e., Accelerated Access to Treatment) pictured below. This a critical program element as it provides specific guidelines for engaging youth into services in a timely manner once they enter dependency.

Program Goals



All four program goals are identified in the table on the following pages along with descriptions of the rationale for creating the goal and procedural changes made.

Table 1. CAATS Program Goals

Goal	Description	Overview of Current Processes to Meet the Goal
I. Universal, comprehensive assessments	Research on adverse childhood experiences (ACES) suggests that removal from the home is a traumatic experience, and should be addressed clinically. To respond to this need, comprehensive assessments are conducted for all children to assess their level of trauma.	All children entering dependency are referred to BH and receive a full biopsychosocial assessment. Children entering dependency who were already in care of BH receive a screening to ensure they are receiving the appropriate level of care.
II. Expedited Care	To reduce the overall potential for negative outcomes, timely access to mental health services is critical. Additionally, reducing the delay in provision of services allows BH staff to participate in the case planning Child and Family Team meeting (CFT) that takes place 30 days after entry into the Child Welfare system.	This model requires 5 business days in between each of the key points in providing care: referral from HSA/ social worker to BH; scheduling and completing an assessment; and linking the individual with appropriate treatment.

CAATS Program Goals - continued		
Goal	**Description**	**Change to Existing Practice and Process Improvements**
III. Implementation of culturally and trauma informed care/assessments	Given that the removal from the home is viewed as a traumatic experience in itself, all staff should have a full understanding of trauma. This includes knowledge of culturally relevant treatment for developmental milestones.	Incorporated the Child and Adolescent Strengths and Needs (CANS) tool to the assessment. The CANS is a reliable and valid tool useful for case planning, and a communication tool with other agencies and families. Assessments take place where the youth resides to promote access, expedite the process, and promote comfort and engagement in receiving services.
IV. To provide improved psychotropic medication administration, education, and compliance	Psychotropic medication management for youth in dependency require much oversight and documentation at the county level as mandated by the state. Multiple individuals and departments (i.e., psychiatrists, public health nurses, behavioral health clinicians, probation officers and court officials) contribute to the approval, prescribing, and monitoring of symptoms and results.	To address these needs and provide families with appropriate supports and enhanced coordinated care between departments, the Licensed Vocational Nurse (LVN) role was created. Additionally, a protocol for administering psychiatric medication was developed for and in collaboration with VCBH psychiatrists.

Program Implementation

With respect to the implementation timeline: BH first hired the LVN position, which started in August 2017; followed by the incorporation of the accelerated time to service and universal assessments in February 2018; with the CANS assessment tool launching in April 2018.

II: Data Collection and Evaluation

A mixed methods approach including interviews with key stakeholders, surveys, and quantitative data analysis was utilized to evaluate the progress of the CAATS initiative in meeting its intended goals. The evaluation questions guiding the development of this report are presented below.

Evaluation Questions

1. **How long does it take for youth in dependency to receive mental health services before and after the implementation of CAATS?**
2. **What is the level of trauma for youth in dependency in the county?**
3. **Does providing mental health intervention to all youth in dependency improve mental health outcomes?**
5. **How does the role of the LVN support the work conducted with the youth and families in dependency?**
6. **Are families satisfied with the services that they LVN provides?**

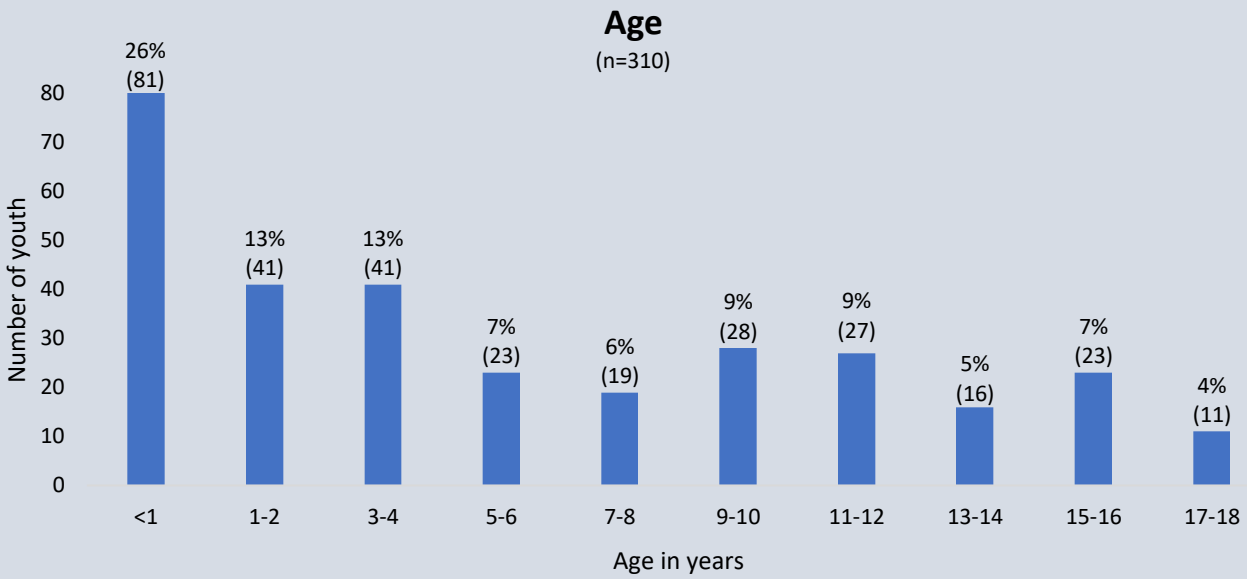
Data Sources

Table 2. Core Data Components of the CAATS Initiative	
Elements Measured	Data Sources & Methods
Universal Assessments Conducted on all Youth Entering Dependency	Included in this analysis is the percent of eligible children entering dependency (via HSA) who were referred to BH. This metric assesses progress towards the goal of offering mental health assessments to every available child entering dependency.
Expedited Care	To assess the elapsed time between key points of services, as identified in the Accelerated Access to Treatment model, dates for each event were exported from AVATAR, BH's Electronic Health Record database, and analyzed to calculate the number of business days between each event.
Mental Health Symptoms and Outcomes	The CANS scores are used to assess needs and symptomology. Data were extracted from AVATAR and analyzed to identify changes from CANS intake to the subsequent interval administration of CANS assessments.
Licensed Vocational Nurse Position	To assess the value added by the LVN position, a multi-methods approach was utilized including: key stakeholder interviews, surveys, and analysis of a sample of tasks including treatment reviews, CFT interfacing, JV220 activities, and case coordination.

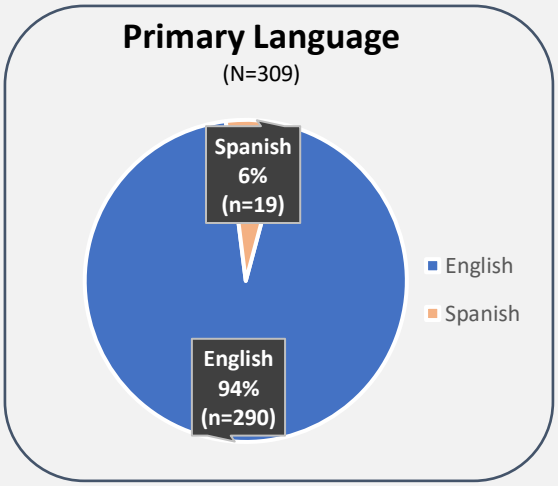
Table 3. Overview of Client Data Analyzed		
Dataset	Description	Timeframe Provided
1. Time to Service	Time from detention court hearing to referral, assessment, and first treatment appointment	February - December 2018
2. CANS	Assessment provided to all clients referred to VCBH	April 2018 - April 2019
3. Demographics	This dataset was assessed for descriptive information	February - December 2018

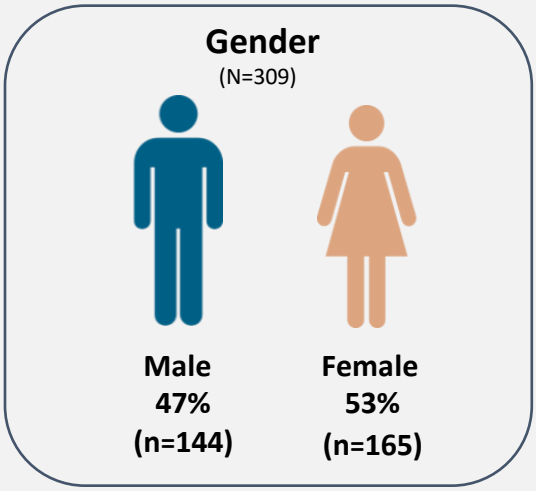
III: Findings

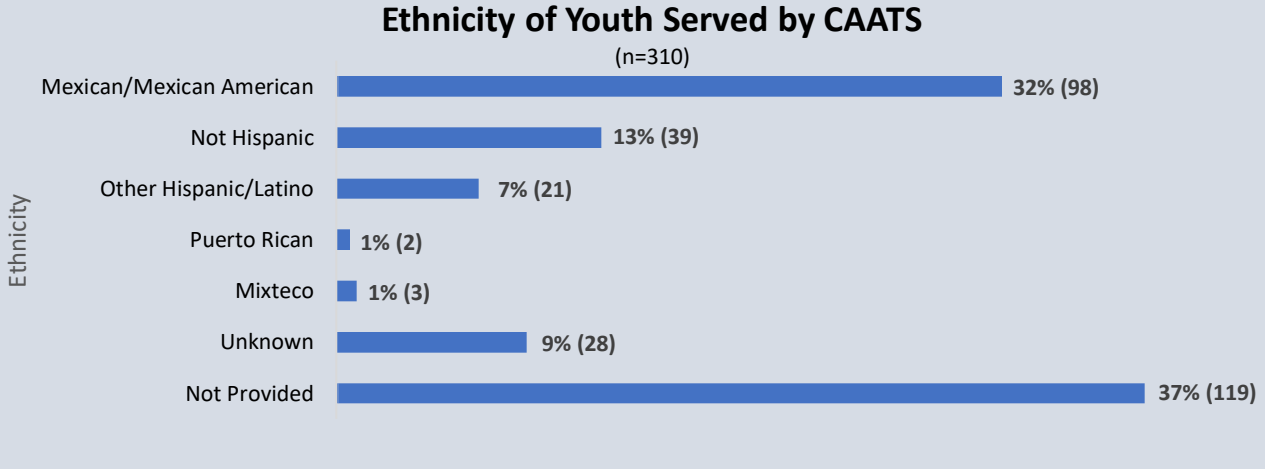
Figure 1. Population Served, Feb 2018 - Dec 2018 (N=310)



Of note, 58% of youth served by the CAATS initiative are between the ages of 0 and 5.







Source: AVATAR Electronic Health Records for VCBH clients

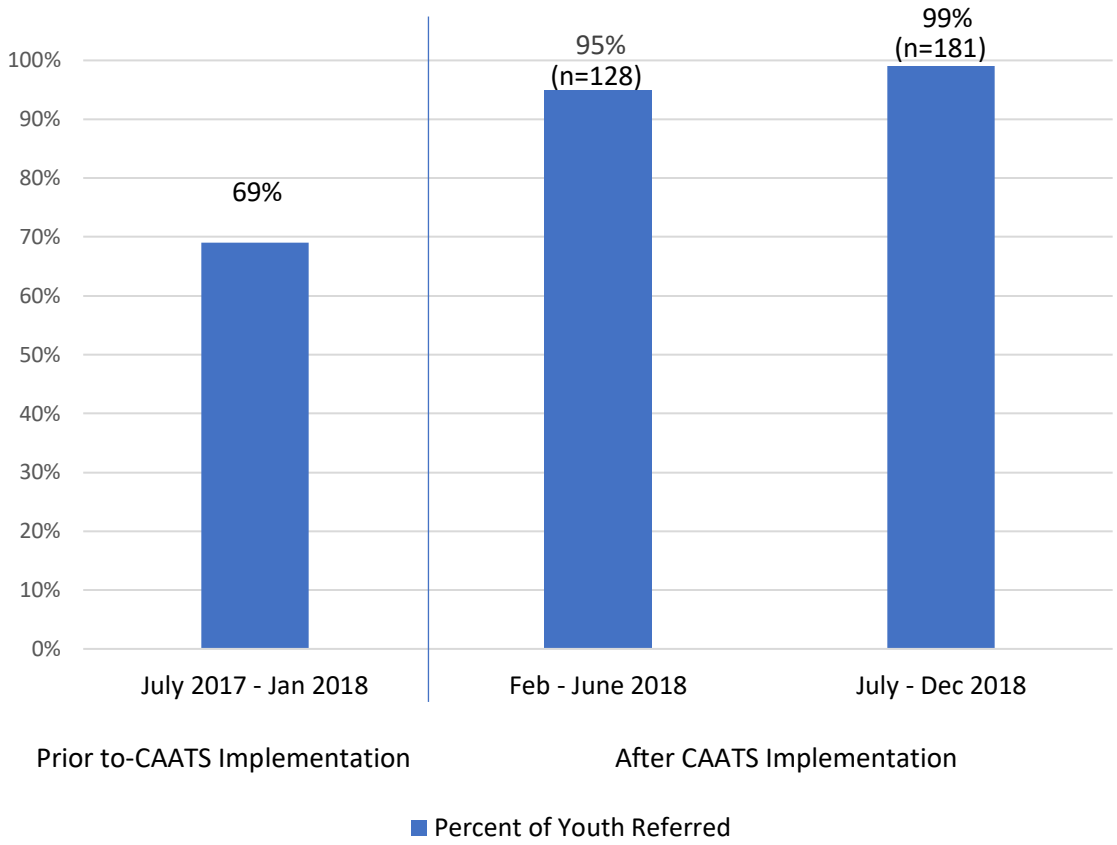
Program Goals 1 & 2: Expedited Service and Universal Assessments

Data reflecting BH's efforts toward expedited services is available from February 2018. For the purposes of this report, data were assessed from February 2018 through December 2018. To account for program maturation, data were compared from February through June 2018; and from July through December 2018.

Target 1: 100% of HSA youth entering dependency are referred to VCBH. To achieve this goal, a referral must be made from a social worker at HSA to BH once the child enters dependency. Prior to CAATS implementation, only a screening was required by the social worker. Between February and June of 2018, 134 youth entered dependency; 128 were referred to VCBH. Between July and December of 2018, 183 youth entered dependency; 181 were referred to VCBH.

As reflected in **Figure 2** below, BH and HSA are on track to meet their target.

Figure 2. Percent of Youth in Dependency Referred to BH



Source: AVATAR Electronic Health Records for VCBH clients

Target 2: Children entering dependency receive treatment or services within 15 business days of their court hearing. To achieve this goal: (1) a referral from an HSA social worker is made within 5 business days of the court hearing date; (2) an assessment is completed within 15 business days of the court hearing date. See **Tables 4-5** for program metrics.

Barriers. Staff experienced challenges in providing services to clients within the 15-day time frame due to scheduling conflicts on the part of the families. Several staff mentioned that many families were not available to attend an assessment appointment within the 15-day time frame provided to families. To address this issue, and capture staff compliance and adherence to the identified goals, a new metric was added for CAATS implementation tracking (i.e., the first date available and offered to families for an assessment). See **Table 5**.

Table 4. Youth in Dependency served by CAATS initiative
Feb 2018 -June 2018
(N=108)*

Steps of the Accelerated Access Initiative:	Step 1: Hearing date to Referral date	Step 2: Referral date to assessment date	Overall: Hearing to Assessment
Number of youth	108	93	93
Average number of days (range)	18 days (1-169)	8 days (1-39)	22 days (2-162)
Percent of clients seen within goal timeframe	38% of clients referred in 5 or fewer days	80% of clients assessed within 10 days of referral	58% of clients assessed within 15 days of hearing

**Data was unavailable for approximately 20 youth with hearing dates in this period.*

Table 5. Youth in Dependency served by CAATS initiative
July 2018 - Dec 2018
(N=111)*

Steps of the Accelerated Access Initiative:	Step 1: Hearing date to Referral date	Referral date to first available assessment date**	Step 2: Referral date to assessment date	Overall: Hearing to assessment
Number of youth	111	47	88	88
Average number of days (range)	8.3 (1-128)	9.7 (0-109)	15.3 (2-117)	24.7 (4-162)
Percent of clients seen within goal timeframe	65% referred in 5 or fewer days	87% offered assessment date within 10 days of referral	58% assessed within 10 days of referral	51% assessed within 15 days of hearing

**Data was unavailable for approximately 70 youth with hearing dates in this period.*
*** Additional metric added*

An additional County goal is accelerated access to treatment for eligible individuals (see **Table 6**). Future analyses and reports on treatment data will include detailed analyses of youth served and timeliness of mental health services provided.

Table 6. Additional Accelerated Services: Assessment Date to Treatment Date		
	Feb 2018 - June 2018	July 2018 - Dec 2018
Number of youth	35	24
Average number of days (range)	14 days (8-26)	19.6 days (5-112)
Progress towards goal timeframe	69% of clients receiving treatment within 15 days of assessment	N/A*

**Data was unavailable for approximately 70 youth with hearing dates in this period.*

Accelerated Access to Treatment Successes:

1. Nearly all youth (99%) who entered dependency were referred to BH during the most recent timeframe examined.
2. Staff is on target to reach identified goals.
3. Challenges to meeting accelerated access goals were identified; and new tracking mechanisms have been implemented.

Data Limitations

Many families have situations which cause increased delay in accessing services for the child. These situations affect the data reported by inflating the average number of days before services. Examples include:

- Families sometimes wait longer than necessary to follow-up with clinicians; or due to extenuating circumstances are unable to immediately schedule a child's assessment.
- Not all treatment date data is available.

Source: AVATAR Electronic Health Records for VCBH clients

Program Goal 3: Assessing the Level of Trauma and Behavioral Symptoms Among Youth

Overview

In order to appropriately assess a child, BH clinicians utilize an evidence-based, validated tool that provides insights on a number of critical indicators needed to properly address a child's needs. This tool is known as the Child and Adolescent Needs and Strengths (CANS).

In addition to using the CANS for preliminary needs assessments, subsequent administrations of the CANS help to inform clinicians whether there is improvement in the symptomology experienced by youth.

Assessment Process

The assessment process is conducted by a mobile team of BH clinicians who have had extensive training in the tools utilized. Assessments may take place in the youth's home, placement, school, a BH clinic, or another location convenient for the youth. During the assessment, a clinician uses a conversational style to become familiar with the child's background, behavioral needs, and functioning. The clinician may talk with the youth, parents, and/or caregivers when available to gain a well-rounded perspective on the functioning of the youth. The information gathered through conversations in the assessment is used by the clinician to complete the CANS. Through this approach, the clinician gathers the key information needed to decide on an appropriate plan for treatment and services for the youth.

The CANS is comprised of a series of items organized into domains and rated on a scale of 0-3 depending on assessor's knowledge of the severity experienced by the youth. **Items with a severity rating of 2 or 3 are considered "actionable needs" that can guide the clinician and the child's support staff in addressing the youth's key needs for intervention. Tables 7 and 8** present the percentage of youth with "actionable needs."

Table 7. Level of Trauma (CANS)
April 2018 - April 2019

CANS Traumatic Stress Domain	% of children with actionable need	
	At intake (N=142)	After 6 months of treatment (N=24)
Emotional and/or Physical Dysregulation	20%	4%
Time before Treatment	15%	17%
Traumatic Grief & Separation	15%	17%
Hyperarousal	8%	4%
Intrusion	6%	8%
Avoidance	3%	4%
Numbing	3%	0%
Disassociation	0%	0%

Source: AVATAR Electronic Health Records for VCBH clients

Table 8. Symptoms (CANS) April 2018 - April 2019			
CANS Domain	Top 3 actionable needs per domain	% of children with need	
		At intake (N=142)	After 6 months of treatment (N=24)
Life Functioning	Family Functioning	35%	8%
	Social Functioning	17%	4%
	Living Situation	16%	0%
Behavioral/ Emotional Needs	Anxiety	20%	13%
	Depression	18%	17%
	Anger	10%	8%
Risk Behaviors	Runaway	6%	0%
	Victimization/Exploitation	3%	4%
	Sexually Reactive Behavior	2%	0%

Source: AVATAR Electronic Health Records for VCBH clients

The CANS includes a strengths domain which differs from the other domains. Items in the strengths domain refer to the internal and external supports surrounding a youth, rather than symptoms. A youth's strengths can be used as a protective factor or as part of a strengths-based approach to naturally build resiliency in youth.

Children are identified as having a need to develop strengths when the child lacks existing support in that item, or when the child has minimal existing support that requires significant effort to build into a strength.

In **Table 9** below, percentages at intake indicate the proportion of youth with needs for each item in the Strengths domain. After 6 months of treatment, percentages of youth with a need to develop strengths would ideally decrease. In this group, the percent of children with a need to develop strengths decreased from intake to 6 months of treatment in several items: Cultural Identity, Community Life, Spiritual/Religious, Resourcefulness, and Resilience.

Table 9. Strengths in Youth (CANS)
April 2018 - April 2019

CANS Strengths Domain	% of children with need to develop strength	
	At intake (N=142)	After 6 months of treatment (N=24)
Cultural Identity	65%	54%
Community Life	62%	54%
Spiritual/Religious	63%	50%
Resourcefulness	58%	50%
Resilience	46%	38%
Vocational	73%	79%
Talents and Interests	67%	71%
Educational Setting	58%	58%
Optimism	51%	54%
Interpersonal	37%	38%
Relationship Permanence	32%	33%
Natural Supports	35%	33%

Data Limitation

There is not yet enough outcome data. There are substantially more CANS assessments collected at intake than at 6 months or later. Data reported in the future will include scores for the CANS at the intake, 6-month, key event, and discharge assessments. With these additional time points, scores can be compared to evaluate level of improvement in youth.

Source: AVATAR Electronic Health Records for VCBH clients

Program Goal 4. To Provide Improved Psychotropic Medication Administration, Education, and Compliance

Addition of a Licensed Vocational Nurse

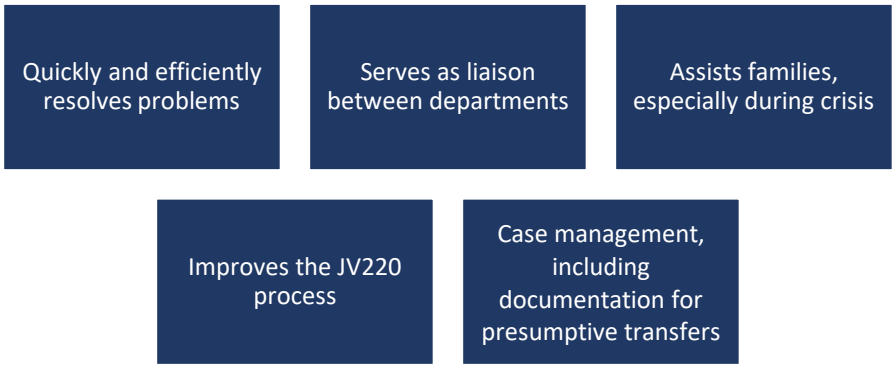
An essential element created as a part of the CAATS process was the position of the Licensed Vocational Nurse (LVN), which focuses on assisting clinicians and psychiatrists with internal medication processes and helping families navigate their medications and the clinical process.

The role of the LVN was evaluated using a multi-method approach to identify benefits, successes and recommendations for improvement. Specifically, the evaluation team engaged in the following activities: (1) key stakeholder interviews with psychiatrists who work with the LVN; (2) surveys of staff members across agencies who work with the LVN; (3) surveys with family members who receive services from the LVN; and (4) meetings with primary BH program staff to obtain a better understanding of the specific expectations of the LVN position.

Activities Engaged in by the LVN

When staff members surveyed were asked to describe specifically how the LVN has aided them, various examples were provided. Of note, every staff member who completed the survey provided a different example of how the LVN helped them in their role, illustrating the diverse and critical role the LVN helps to fill. See **Figure 3** for a sample of the LVN's activities supporting families and staff.

Figure 3. Examples Provided for How LVN Assists Staff Members



Key Stakeholder Interviews with Psychiatrists

A total of three psychiatrists were interviewed to identify the extent to which the LVN position has supported their work and to identify potential areas for improvement or enhancements. All respondents had worked with the LVN for at least one year and reported working with the LVN on a number of tasks. Across all interviews, perceptions of the LVN role were overwhelmingly positive, as all psychiatrists reported added benefits from the LVN role. Specific ways in which the LVN has added value to the system are outlined below.

- **Increased the Quality of Care for Families and Youth Served**
    i. Serves as a consistent point of contact for families has resulted in ease of mind for families.
    ii. Provides more timely assistance to families.

iii. Provides a continuum of services and comprehensive care by ensuring administrative processes are completed and all necessary communication is followed up.
iv. A more efficient level of care due to quicker administrative processes and deeper understanding of the case details.
v. The position offers a degree of stability to families receiving VCBH psychiatric services during times of change, such as the transfer to new service providers.

- **Provides a Level of Support to Staff that has Enhanced the Overall Workflow**
  i. The LVN assists with a multitude of processes and continues to find new tasks to complete to facilitate administrative processes and ease doctors' burden.
  ii. Saves psychiatrists' time by answering patient questions, communicating with families, and completing the administrative processes required for patients to receive medication.
  iii. Establishes operations to complete administrative processes proactively and on time or ahead of schedule. Examples include: monitoring medication expiration dates, managing paperwork such as consent forms that are needed for each case, reaching out to doctors when information needs to be communicated or a question arises.

- **The Role of the LVN has Filled Gaps in the System**
  i. Resulted in increased coordination of paperwork within BH and across partner agencies.
  ii. The needs of families are better addressed; especially in relation to answering questions about medication or follow-up processes.

The only recommendation for improvement or enhancement was that LVN is potentially underutilized. Psychiatrists tend to work with the LVN on specific processes (JV 220 paperwork, medication paperwork management) and aren't aware of the role's full capacity for serving clients. Psychiatrists noted this position could likely serve additional purposes, as it has already added value for youth, families, and staff across agencies.

Staff Surveys

Staff members from Public Health, BH, and HSA who worked with the LVN were invited to participate in a survey about their experiences with the LVN. The survey was open from February through May 2019. A total of 26 staff members across all three agencies responded to the survey. Summary findings from the survey are illustrated on the following pages.

Table 10. Staff Survey Respondents: Length of Time in their Current Position

Years in Position	% of respondents
Less than 1 year	7%
1-3 years	58%
4-6 years	15%
More than 6 years	20%

Source: LVN Survey for VCBH staff

Staff were asked to indicate from a list of activities, which ones they have engaged in with the LVN. **Table 11** depicts the percentage of respondents who selected each activity.

Table 11. Ways in Which Staff have Worked with the LVN		
Activities Engaged in	**% BH respondents agreeing (n=21)**	**%PH respondents agreeing (n=4)**
JV-220 process*	95%	75%
Access to psychotropic medications	67%	75%
Education regarding psychotropic medications	71%	50%
Completing forms	62%	25%
Psychiatric appointment reminders	38%	25%
Compliance with psychotropic medications	33%	50%
Psychiatric appointment attendance	24%	0%

**Respondents were able to select more than one response so numbers may add to more than 100%*

Recommendations for Improvement

1. **Define and share goals and duties of role.** Provide an orientation for psychiatrists to understand the role and how to fully utilize it.
2. **Expand role where possible**. Include further integration into internal administrative processes, and performing other standard nursing activities such as collecting vital signs of patients at doctors' appointments.
3. **Implement a mandatory phone call from the LVN to families.** This would allow the LVN to discuss medication and educate families about medication including the importance of compliance with all families.
4. **Improve sharing of information.** Increase coordination of medication symptom monitoring between the LVN and Public Health nurses so that any potential issues are identified early and modifications can be made as quickly as possible.

Family Member/Client Surveys

A total of 56 surveys were collected from family members who receive services at a BH clinic. Of the surveys collected, 43% of respondents indicated interacting with the LVN at least once, and 31% interacted with the LVN several times.

Similar sentiments as identified by staff and psychiatrists were reflected in the parent survey findings. Overall, the LVN was perceived to be a helpful asset, as 100% of respondents believed the LVN to be "very helpful". See **Table 12** for the percentage of respondents who indicated receiving each type of service. In open-ended responses, parents described how helpful the LVN was and how much they appreciated her support. No recommendations for improvement were provided by parents.

Table 12. Percent of Respondents Indicating Type of Services Received by LVN	
Service Type	**% respondents**
Refills of psychotropic medications*	67%
Getting psychotropic medications (e.g., Prozac, Adderall, Ritalin, etc.)	46%
Help in communicating with psychiatrist	42%
Providing information about psychotropic medications	29%
Help in getting to psychiatric appointments	29%
Help in understanding side effects of psychotropic medications	25%
Providing reminders for upcoming psychiatric appointments	21%

**Respondents were able to select more than one response so numbers may add to more than 100%*

Selected Quotes Across Family Surveys

"The LVN helped me with everything related to the doctor."

"It has been helpful to have her available for medication needs."

"I felt better that my child got additional support."

"She has been very helpful in explaining the generic vs. name brand drugs and side effects."

Selected Quotations Across Staff Data Collection

"Having an LVN on staff has enhanced the way we serve our clients and provides peace of mind that clients will the receive the support and answers they need to help in their recovery."

"[The LVN's] role is extremely valuable and appreciated by CFS. We utilize her daily, multiple times."

"[The LVN] serves as a highly efficient liaison between patients and doctors, helping immensely with resolving the many issues that come up with youth in foster care."

"Having a person with nursing background helps with supporting a multidisciplinary team and serving an educational role with clients."

Source: Survey of VCBH clients served by LVN

IV. CAATS Initiative Highlights

Perceived Advantages Identified by Staff

1. The CAATS initiative has had wide reaching benefits that have been described by multiple agencies. Administrative and clinical staff at BH, HSA, and Public Health reported numerous benefits of the CAATS initiative. Most importantly, staff noted a cultural shift marked by increased accountability, speed of delivery, teamwork within and across agencies, and flexibility in meeting the needs of the child which allow the county to provide an elevated level of care and service to its clients. Additional successes/benefits of implementing CAATS include:
   - A new understanding of trauma in youth aged 0-5.
   - Incorporating the family's voice and choice into planning and choosing services.
   - Teaming/collaborating with school counselors or group home counselors, or other community support services, to ensure they provide the most comprehensive mental health care possible.
   - Having a dedicated clinical team facilitates a quicker turnaround time among staff. For example, an assessment clinician who receives a referral in the morning can reach out to the family in the same business day to schedule an assessment.

2. Clinicians pointed to the utility of the CANS for staff members as a tool for:
   - Communicating needs with families while protecting the privacy of the child.
   - Identifying and building on a child's existing strengths and support.

Improved Service Delivery and Outcomes for Youth and Families

1. Universal assessments help prevent children from "falling through the cracks."
   - BH staff who have worked for the system for several years noted that before universal assessments were implemented, children were often referred to services only after acting out. By referring everyone, needs are being identified early on so that the appropriate services or treatments can be provided.

2. The LVN position has helped to improve the overall services and quality of care for youth and families serviced.

3. Improved outcomes for youth.
   - As evidenced by the CANS assessment data examined for this report, children are experiencing decreased symptomology and negative behaviors within the (1) life functioning; (2) behavioral/emotional needs; and (3) risk behaviors domains.
   - Additionally, clinicians have witnessed children achieve more positive outcomes, gradual improvement in symptoms, greater openness to receiving therapy, and reduced behavioral problems as a result of changes implemented via the CAATS initiative.

Recommendations for Improvement or Continued Focus

1. Continue to address scheduling challenges with families.
   - BH staff encounter delays in scheduling assessment or treatment appointments for a new case which can result in increased average time to service and meeting the goals set for the Accelerated Access model. Specific examples include:
     - Families are unavailable to schedule appointments or do not return phone calls in a timely manner.
     - Families are so overwhelmed by calls from other system partners, such as social workers, that they forget to call BH back or they think it's the same agency.
     - Parent/caregivers do not want their child to receive mental health care.
     - The child is already receiving mental health services somewhere else.

2. Continue to evaluate processes to improve communication between different departments and to address issue of redundant assessments.
   - In evaluating the data, it was noted that duplicative CANS are sometimes completed when a child is referred to receive services at community-based organizations. It might be beneficial to consider reviewing practices so that each child completes one intake assessment, one 6-month assessment, and additional assessments at key events.

3. Continue to build reliable data infrastructure and consistent data entry across agencies; refine clarity around terms used and definitions.
   - Data with similar titles (such as a hearing date, which is an event that can happen multiple times) needs to be easily identified and separated in AVATAR.
     - One-third of time to service data for the most recent export could not be used because at least one inaccurate date was exported due to similar event title names.
   - All departments should use the same language to describe events or tools.
     - For example, a referral from a social worker in HSA to BH can occur multiple times. If a referral is accidentally mislabeled as an initial referral when a child is already receiving care, this can become problematic for internal tracking purposes.