

Abstract

Virginia has over 5000 foster care children who deserve comprehensive, effective healthcare. To improve health outcomes, we intend for ≥75% of newly admitted children to undergo a thorough evaluation by the Foster Care Clinic within 72 hours, improving their medical literacy and providing connections to necessary resources.

A 72-hour pipeline from foster care entrance to VCU Foster Care Clinic visit will be created through legislative advocacy. Visits will include developmental, mental health, educational, and dental evaluations, supplemented by social support programs. Efficacy will be evaluated by comparing numbers of children entering foster care with clinic patients; average time between system entrance and clinic visit; number of interventions/referrals generated; and a survey of foster youth and guardians' knowledge of medical needs and resources before and after visiting.

We recruited medical students through the Richmond Child Safety Collaborative. A scheduling error was identified and corrected, increasing efficiency of Henrico County admits into the clinic. An advocacy proposal was created for the Child Protective Services Director for legislative reform. A survey has been developed to evaluate patients and guardians' understanding of their medical conditions and available resources. Finally, a partnership has started with Hilliard House to address housing and resource insecurity.

We can create a more efficient system that responds to foster youth's distinctive health needs. Family physicians and primary care providers are uniquely positioned to fill this gap by providing longitudinal care that addresses the needs identified by the Foster Care Clinic.

Introduction

Nationally, there are 424,000 kids in the country in foster care (1). In Virginia alone, there are 5240 (52.4% boys, 48% girls) with the highest proportion ages 1 – 5 and 16 – 18 (2). Children in foster care also have a substantially higher disease burden and require complex care that other children do not, thus requiring prompt and comprehensive treatment. Data shows that: 30 - 80% have chronic medical problems, 70% have behavioral concerns, and 60% experience developmental delays. Children pulled emergently from home often have little to no medical record and 80% do not have medical information (1). Children living in foster care are more than twice as likely to have anxiety, three times more likely to have behavioral disorders, and four times more likely to have developmental delays and speech/language disorders compared to children living with adoptive/biological parents (3). Asthma is almost 4 times higher in the foster child population, which increases the risk of future health complications if not caught early (4). The most grim statistic of all has shown that children in foster care have 42% higher mortality than other children (5). Children in foster care who received higher quality services had fewer long-term health conditions, including cardiometabolic disorders, ulcers, and respiratory disorders (6). The AAP recommends children are seen within 72 hours of placement and then return within 30 days - this gap in time allows for medical records to be obtained and organized (7, 8).

Methods

Motivated students of the Richmond Child Safety Collaborative were recruited to understand the needs of and advocate for the Foster Care Clinic and/or create partnerships with community organizations to supplement the clinic's goals. Important lines of communication between the Henrico County Department of Social Services and local housing justice organizations were created with the Foster Care clinic.

Results

1) Scheduling error that prevented Henrico County DSS from booking an appointment with the Foster Care Clinic was identified - in particular, 2 patients that originally would not have been received an evaluation were identified to be seen in clinic.

2) An evidence-based proposal that advocates for a 72-hour pipeline was created to encourage legislative action by the Director of Child Protection Services (Fig 1)

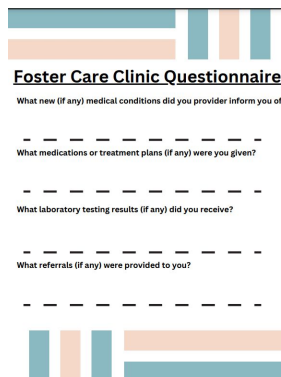


Figure 2: Foster Care Clinic Survey



Figure 1: Proposal to CPS director

3) A post-visit survey that evaluates patients' understanding of their visit was created. Questions evaluate knowledge of medical conditions, laboratory testing, treatment plans, and referrals (Fig 2).

4) A partnership was created with Hilliard House, a local organization acting as a short-term emergency shelter and promoter of housing security.

Discussion

Children in foster care have consistently lower health outcomes than their peers and deserve comprehensive healthcare evaluations that cover their more complex needs and are readily accessible as they move through different living situations. Future goals of the project include optimizing clinic procedures based on survey results to ensure effective communication between provider and patient, supplemental enrichment activities run by medical students within the clinic who will simultaneously serve as a community of mentors, a patient passport that foster children can have on their person and within their file to ensure continuity of care, and implementation of Epic EMR functionality to accommodate foster care-specific health services. These goals will ensure longevity of the foster care clinic and also encourage autonomy and health empowerment in this vulnerable population.

Conclusion

With our knowledge of the substantial health needs of children in foster care, the importance of prompt intervention, and the despairing consequences if these needs aren't met, we propose the creation of an immediate, mandated 72-hour pipeline between entrance into foster care and a face-to-face visit with a physician at the VCU Foster Care Clinic and associated social support services. This not only follows nationally recommended standards of care, but also ensures that patients receive comprehensive medical care that manages their unique needs and consolidates the information into one, easy-access location to ease the stress on future primary care providers and families. This will provide continuity of care and have tremendous effects on the health of children in foster care, providing them the best opportunity to live a happy and healthy life.

References

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