



Numbers Tell the Story for Kids in Foster Care

Numbers. We're bombarded by them every day. Phone numbers. Account numbers. The PIN keypad on ... just about everything. And the number of kids in foster care.

Are those kids just another number ... or is there a story ... and hope ... for each one?

Two years ago, one hospital decided to do something about those kids ... those numbers ... and has made an incalculable difference to many of them.

11. It's Sean's number. It's how old he was when he first became a foster kid. He was living with his mom on the West Coast when life got to be too much for her. She sent Sean on to Cleveland, to live with his father. But his father had moved on with his life – he had a girlfriend, and it seems that Sean wasn't a surprise he was wanting. Before long, Sean's teachers saw signs of abuse. Sean entered the foster care system in Cuyahoga County, Ohio, which encompasses the city of Cleveland.

Eleven turned out to be a lucky number for Sean, because he was then placed with a loving foster mom – a woman who already had another eleven-year-old, whom she had adopted out of foster care when he was two years old. This foster mom wants Sean to stick around and be part of a dynamic duo of eleven-year-olds. Eleven was indeed his lucky number.

That's one success story from the MetroHealth Medical Home for Children in Foster Care. There are more – lots more. Just what is a "medical home for children in foster care"? First, let's be sure what it is not. The term "Medical Home for Children in Foster Care" could conjure up images of an institutional home for foster children. Nothing could be further from reality.

It is a Medical Home, yes. But that just means that it is the "home" you come to if you're in the foster care program and need medical care. You still live with your foster family. But this Medical Home means that you will see the same doctors, nurse practitioners, nurses and staff with each visit. And you will get care that includes the whole person: medical, dental, and emotional. That kind of continuity of care is rare for kids who are thrust into the machine of a large government agency, and who are spread across

a broad geographic area. Sometimes that continuity of care – getting your own doctor and nurse and social worker -- is one bright spot of consistency in a life that sorely lacks it.

Virtually no kid plans to become a foster child. But things happen. Some kids see their mom's boyfriend vent his frustration and anger by assaulting their mother – and this time, it's not something she can hide. Sometimes it's an alert, caring schoolteacher who notices dirty clothes, unmet hunger, or the telltale signs of physical abuse. Other times, no matter how hard they try, the dad or mom can't provide enough food, clothes, or supervision to meet their child's needs, and the help of foster care is welcomed. Parents get sick or die, or they become divorced or unemployed. Sometimes the insidious tentacles of addiction entangle the parent, overwhelming their best intentions.

The why doesn't really matter. What matters is that these kids are cut adrift, and their first stop on the foster care odyssey is usually a hospital.

216-778-7452. It's the phone number of the MetroHealth Medical Home for Children in Foster Care. When a child is taken into foster care in Cuyahoga County, Ohio – Cleveland – that's where they will go first.

Standard protocol for placing kids in foster care is that a medical professional will first triage the boy or girl. In this case, triage means that a doctor or nurse will examine the child briefly, noting any apparent physical or psychological problems and providing immediate, if limited, care. For years, triage meant protecting the foster family from communicable diseases or head lice. Today, it's more likely that triage will find chronic problems like heart murmurs, hearing deficits, behavioral or neurological concerns, or even severe dental problems. After that brief initial visit, the foster child goes to her first placement, whether it is with a county-assigned foster parent or an approved relative.

For many kids, their first entrance into foster care occurs within the chaos of a crisis. It's often nighttime, and sirens, police radios, and ambulances are the harsh soundtrack to their experience. To immediately end up in the sterile whiteness of a hospital doesn't calm their nerves.

It's at that first intake visit that the difference is obvious between the traditional hospital serving foster children and the MetroHealth Medical Home for Children in Foster Care.

When a child steps into the world of foster care at the MetroHealth Medical Home, every facet of the process has been tailored to begin or enhance the healing process, whether physical or emotional. Intake doesn't happen at the traditional Emergency Department, which is typically an atmosphere of pain, stress, and suffering. At MetroHealth, foster kids enter their own area, where they meet with pediatric specialists knowledgeable about foster care, rather than emergency room staff. They are met by members of a specially trained team of nurse practitioners, nurse care coordinators, social workers, and child psychologists. The staff that they see that first day are the staff they will see throughout their foster care experience, whether that is 60 days or several years. In the life of a foster child, that consistency stands out in a life of disruption and change.

A memorable feature of the program doesn't have a number, but it does have a name – The Treasure Chest. Each time a foster child visits the program, they get to choose an age-appropriate goody bag from the Treasure Chest, which is actually a Treasure Room. Donations from both hospital staff and the public provide necessities like new underwear, socks, and toothbrushes, along with some things that are just

fun. When kids get their gifts, they are all smiling, even the more-jaded teenagers, Redinger says. There's that constancy again, another thing that the foster kids can depend on.

30. That's the number of days after triage before the foster child returns for a more intensive medical exam. The conditions that were first detected at triage are addressed now. A cluster of medical offices is situated to make this process a one-stop shop, from medical to dental to social work. A care coordinator, who is also a registered nurse, has planned the day so the foster child can bounce from medical exam to specialists to dentists to whoever else they need to see. No long spells in waiting rooms, no tromping around from building to building. Because this is a Medical Home, where the convenience of the foster kids trumps the convenience of the institution.

3. Emily, Summer, and Terrance are one sibling group who entered foster care through the Medical Home. Teachers alerted authorities to what they saw as an attendance problem – it seemed the kids were playing “hooky” from school. Medical Home Nurse Care Coordinator Tammy Redinger remembers that the reality was worse. Emily had never been to school, and as a result, she was developmentally delayed. At age 10, she couldn't read. Her older siblings, ages 12 and 13, hadn't been to school – and none of them had seen a doctor – in two years. Redinger remembers asking them what they thought about not attending school. “We wanted to go to school,” the siblings said, “but Mom wouldn't let us.”

Happily, all three got help for their medical deficits and were placed in the same foster home, and all are now in school. Their foster mom found extra help and tutoring for them, and each is making progress.

5. It was in the 30-day check-up that a five-year-old boy named DeAndre finally got the help that no one knew he needed. He and his two siblings had been placed with their great-grandparents after their mother's substance abuse brought them to the foster care system. The great-grandparents thought that DeAndre was sometimes slow to respond or obey, and in the exam process, the medical staff noticed that “something didn't seem right.” DeAndre became non-responsive to verbal and touch stimuli, and he was quickly referred to a neurologist at the MetroHealth Medical Home for Foster Children. That doctor determined that he was having seizures. Now on medications, DeAndre is thriving.

While good outcomes are often the story at MetroHealth's Medical Home for Children in Foster Care, working in any foster care program is a challenge for the staff. Nurse practitioner Aliza Bartunek expected that she would experience sad stories, but it was even tougher than she expected. “It's like coming in to work and hearing the saddest thing you've heard in your life ... and then coming in the next day and doing it again.”

“The level of brokenness in our communities crosses all neighborhoods and boundaries. It's really heartbreaking. We hear things we can't unhear and we see things we can't unsee.”

Redinger explains, “There are some devastating trauma stories. We have to look at the positive view. The kids are getting help.”

Both agree that talking with their teammates helps them continue on in their work.

2 and 1-1/2. Bartunek remembers meeting Isabel when she was two months old and her brother Samuel, was one-and-a-half. “It was heartbreaking. Isabel had severe eczema – her skin was completely scabbed and had a rough, leathery look. She had the skin of an 80-year-old. She had also lost all of her

hair from scratching her itching scalp.” The Medical Home’s one-stop shop treated Isabel’s condition along with her brother’s needs, and both of their lives were turned around.

“She and Samuel were placed in a wonderful foster home. Her foster mom brought them in to visit recently and Isabel looked great. The foster mom is going to adopt both kids! Sometimes, we don’t see what happens to these kids, so it was fulfilling to see this.”

Not all stories here have happy endings. Sometimes the same kids are triaged as many as six times, changing foster situations for a variety of reasons. There is no blanket assurance that all will be well. Even in the hard situations, though, kids will come back to the Medical Home and see “their” own staff members. Their faces will light up and they sometimes say, “I remember you – you were my nurse the last time I was here,” or “I remember that you took me to the Treasure Chest.”

“Everything here happens in the context of relationship,” Bartunek said. “Sometimes the kids have built high, huge walls and want nothing to do with us. They have no reason to trust. Each time they come, they warm up more and more. They need to trust you and trust that you’ll be there again. They are sick of telling their story over and over.”

Because the MetroHealth Medical Home for Foster Children program is only two years old, it is still small. The handful of staff includes a medical director, four nurse practitioners, two nurse care coordinators, two social workers, an administrative assistant, and a child psychologist, along with specialists pulled into the program as needed.

Each of the staff has dreams about what it could become, and that includes their hope that more hospitals will implement similar programs. Redinger is concerned with the young adults that age out of foster care. The Medical Home is cooperating with existing agencies to help the individuals through that transition and see that they continue to get care.

To her surprise, the program is also seeing more and more young women who have been swept into the growing world of domestic minor sex trafficking (DMST). The program can identify the teens who are victims and help them leave that situation, working with the Cleveland-based Collaborative to End Human Trafficking. MetroHealth staff don’t expect that tragic situation to decrease, and see ongoing involvement by the Medical Home in the future.

1. Bartunek can’t say enough about her admiration for the foster parents who dedicate themselves to the well-being of the kids. “There’s a huge need for foster parents,” she said. “These kids need a loving, supportive environment. One consistent caregiver can make a huge difference.”

She is also concerned about the lack of mental health services for adults that drives many of the children into foster care. “There’s a huge amount of money spent on wasted human potential. If we could treat the parents instead of needing to split up the families ... there’s got to be more we can do.”

The numbers add up. There are approximately **1600** children in foster care in Cuyahoga County, Ohio at any given time. More than **400,000** across the U.S. Nationally, the median age of children living in foster care is **6.6** years old (www.statisticbrain.com/foster-care-children-statistics/) But **one** program in Cleveland is doing something to make their lives better. One hospital cares about foster children. Anyone interested in adding to that number?

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