

Understanding Caseworker Perspectives on a Pediatric Medical Home for Children in Foster Care

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Abstract

Caseworkers play a vital role in managing complex family and social situations for children in foster care. Caseworkers need to be informed of health issues of children in foster care, and often facilitate the exchange of information between biological families, foster families, and the judicial system. This article describes an innovative pediatric medical home model for children in family foster care in Monroe County, New York. Starlight Pediatrics is a pediatric primary care health clinic that is co-located with the Department of Human Services. Starlight Pediatrics serves as the pediatric primary health care site for all children in family-based foster care in Rochester. This qualitative study examines quality of care for children in foster care from the caseworker perspective, in a community that supports a unique, centralized foster care health care model. Using semi-structured interviews, we found that caseworkers experienced positive interactions with Starlight Pediatrics and believed that increased resources could improve delivery of care.

Introduction

Medical home refers to a family-centered, community-based model for delivery of accessible, continuous, comprehensive, coordinated, compassionate, and culturally effective medical care (Sia, Tonniges, Osterhus, & Taba, 2004). A concept that was originally introduced in the late 1960s (American Academy of Pediatrics, Committee on Standards of Child Health Care, 1977), the pediatric medical home represents an entity that addresses the physical health, mental health, developmental concerns, dental issues, and social needs of the child within a multidisciplinary setting (American Academy of Pediatrics, Policy Statement, 2002; Shipley et al., 2005). A foster care medical home has been further described as one in which the

providers have expertise in the adverse impact of complex trauma on child well-being, and work collaboratively with child welfare to ensure that children's needs are met (Szilagyi, 2007). Connections with early intervention programs, schools, private and public community agencies, and child care programs facilitate early childhood education and help to address the specific needs of the child and family (Sia, Tonniges, Osterhus, & Taba, 2004). Collaboration with mental health partners and facilitated referrals to subspecialists improve the access of children in foster care to needed health services (Jee, Szilagyi, Blatt, Meguid, Auinger, & Szilagyi, 2010).

The medical home model reduces delays in accessing health care, closes gaps in services, avoids duplication of services, and minimizes the diffusion of responsibility that is endemic in the foster care system, where legal guardianship, physical custody, and authority are fragmented among birth parents, foster parents, and child welfare agencies. A medical home may also reduce the need for health care to be provided in emergency departments, walk-in clinics, and other urgent-care facilities (Strickland, McPherson, Weissman, van Dyck, Huang, & Newacheck, 2004), where the care may be expensive, inefficient, and inappropriate given the complex emotional trauma histories of this population.

Though not a novel concept in the field of medicine, pediatric medical homes are a relatively new construct in foster care. Rochester, New York, which has a rich history of community-based programs (Haggerty & Aligne, 2005) has been the site of a foster care medical home for nearly two decades. Starlight Pediatrics in Monroe County, which is a pioneering medical home model, provides

Table 1. Open-ended Questions to Caseworkers

1. Do you know what a medical home is? If so, how does a medical home impact the work that you do?
2. What do you think are the biggest drawbacks to the foster care system?
3. How has having the foster care clinic impacted the work that you do? Has it made your work easier or more difficult? How?
4. Has having the foster care clinic greatly improved the health care that children in foster care receive?
5. What are some of your experiences with the foster care clinic?
6. What do you feel are the greatest barriers to children in foster care and their parents in attempting to receive good health care?
7. What do you feel are suggestions to improve access to appropriate and timely health care for children in foster care?
8. What else would you like us to know or feel is important?

comprehensive pediatric care to all children and youth in family-based foster care in Monroe County. Located within the county health department, Starlight Pediatrics is housed in the same building with the majority of the caseworkers for the Department of Human Services. Starlight Pediatrics facilitates communication among health, mental health, and social services; coordinates care across subspecialty and mental health services; tracks the health needs of and services children receive through their time in foster care; and ensures that health information is obtained and shared. Nurses manage the telephone triage-system, and case-manage health issues in consultation with nurse practitioners and pediatricians. A social worker is available on site to support foster and birth families, and often serves as the liaison to mental health agencies and other community services. Caseworkers are welcome to attend health visits with children in foster care, and receive regular updates regarding *every* health encounter with children in the system. This comprehensive approach has developed from adherence to national guidelines for children in foster care, which have since been published by the American Academy of Pediatrics (AAP District II Task Force, 2005).

To our knowledge, no study has examined quality of care for children in foster care in a health system that follows these national guidelines. This qualitative

study was part of a larger study undertaken to understand how foster care guidelines are translated into quality-of-care measures. As part of this study, we examined caseworker perspectives on this unique health system. The purpose of the research presented here was to understand the strengths and weaknesses of such a system, and how we might improve communication between our health clinic and social services.

Methods

Settings and participants

In-depth interviews with caseworkers in Monroe County area were completed from July through September 2006. A random sample of caseworkers was generated from a list supplied by caseworker supervisors. We invited all caseworkers ($n = 10$) from this list to participate. Interviews were conducted in the private office of each individual caseworker, scheduled at their convenience, and administered by a trained interviewer (AD) who does not work directly with the health clinic.

Data collection

The investigators (SJ and AD) developed a series of eight open-ended questions for the caseworker interviews.(Table 1). These questions were based on hypotheses about the pediatric medical home, foster care system, detailed experiences with the

medical home, and factors that facilitated or presented barriers to the receipt of health care. Elaboration probes were utilized to query the interviewees for additional detail of particular themes. The semi-structured interviews were conducted by AD, who took extensive handwritten field notes during the interview that were transcribed onto the computer within an hour following each interview.

Coding and analysis of field notes

Upon completion of the interviews and the transcription, two investigators separately coded and analyzed the data according to the principles of thematic analysis (Rubin & Rubin, 2005). The investigators coded for themes that were commonly reported by many of the caseworkers. Major and minor themes were analyzed independently and reviewed with general consensus.

Results

Eight of ten identified caseworkers agreed to be interviewed. All but one caseworker were female; two were African-American; all had been caseworkers for at least three years.

A medical home and its impact

None of the caseworkers knew that a "medical home" is a pediatric health office that has a multifaceted approach to care. Three who responded to this question suggested that a medical home was a description of foster parents who had additional training to care for children with medically complex needs.

Drawbacks to the foster care system and barriers to receipt of health care

Caseworkers were asked to identify areas in need of improvement within the foster care system. Primary challenges noted were lack of sufficient numbers of caseworkers and lack of time to make community visits (80%), difficulty accessing finances for children (80%), and extensive paperwork

Understanding Caseworker Perspectives on a Pediatric Medical Home for Children in Foster Care without sufficient time for completion (60%). One-half of the caseworkers noted difficulties in accessing mental health services, either because of long wait times or insufficient numbers of available therapists. One caseworker reported, "We need more mental health providers; the lack of providers is detrimental to the children." Another caseworker felt that "children were underserved because they have so many problems," and two reported that "some children can't bond with a new family." Caseworkers felt that ready access to mental health services would help to remedy situations where mental health needs were complex and family dynamics could be improved.

One caseworker reflected thus on drawbacks to the foster care system: "The kids are great, but it's just the circumstances that they are in . . . I wish the community were more aware and involved with kids in a mentoring way and allowed them to experience more cultural things and activities. It would be better if caseworkers had access to funds and could advocate for certain financial decisions."

Starlight Pediatrics and its impact on caseworkers

Nearly all (88%) of the caseworkers reported that Starlight Pediatrics has facilitated the work that they do. Reasons included quick responses to the medical needs of the children, continuity of health care, improved access to medical records, accommodation of the caseworkers and families, and more comprehensive case management. Many of the caseworkers specifically noted the medical director's valuable work in the clinic: responding with sensitivity to children who have been abused, assisting with subsidy paperwork, and providing necessary court documentation. One benefit of co-location of social services and medical services was improved communication among caseworkers, foster care parents, and health providers. The office building, however, is also the site of some supervised visitation

with birth families; hence, for some children coming to the building was also associated with negative feelings.

Reflections on how the foster care clinic has affected the work of caseworkers:

“Having the clinic has made my work much easier; I know all of the staff, and the staff know the kids well. The staff know what kids have been through and are more sensitive to what is going on in their lives as compared to regular providers . . . It would be nicer if the facility were in a less intimidating building; because of its location, it is a reminder of family and trauma.”

—Rhonda, caseworker for children in foster care

Starlight Pediatrics and its impact on the health care of children in foster care

All of the caseworkers felt that the medical home has improved the health care that foster care children receive. Prior to having a designated primary care office, children in foster care frequented the emergency room for health care. Two caseworkers noted that foster parents appreciated clinic staff’s facilitation of timely specialist referrals, and felt that the staff were more attuned to the manifold complex needs of the children in foster care. Because all of the children seen in this office were in family-based foster care, the medical staff had an understanding of the experiences that the children might have had, specifically concerning abuse and neglect issues.

Communication between child welfare and medical providers was viewed favorably by all caseworkers. These ranged from praise (“I love the clinic; the clinic has made my work easier because the clinic is responsive to the child’s needs”), to mention of access to health records (“The clinic is so accommodating. The medical records are available when we need them”), to appreciation of being informed of when children missed appointments. “We [the caseworkers] are involved, and this has improved health care because we know if the children are not showing up for their appointments.” This provides another check on the compliance of foster parents, as Starlight Pediatrics “ensures that foster

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care parents are taking children for their health care needs.”

Barriers to receiving good health care

Two of the caseworkers noted that obtaining consent from birth parents for certain health care needs or tests could delay or hinder receipt of an evaluation or treatment. One noted that sometimes delays in Medicaid reimbursement or paperwork cause problems. Another noted that, at times, the physical space was limiting: when foster care family, biological family, caseworkers, and providers were at the same visit, the room sizes were inadequate.

At least two caseworkers noted the difficult job of negotiating disparate views of foster parents and birth parents: “Foster parents sometimes can’t agree on medical treatment [for the child] and biological parents may refuse to consent to medical treatment.”

Suggestions for improved access to appropriate and timely health care

Caseworkers suggested that improvements could be made if the health clinic were located in a larger or newer physical space, had additional staff support and expanded services (i.e., more developmental and adolescent services), and had on-site mental health providers. Overall, Starlight Pediatrics was viewed as a positive medical setting where many of the medical needs of the children were being addressed. Another caseworker “wished the public had more of an understanding of what we [the caseworkers] do and the success stories [of our children and families].”

Care coordination by the clinic was recognized, but one caseworker felt it could be emphasized at entry into the foster care system: “If you could have an immediate overall assessment when the child comes into care and could integrate recreational/social [needs] so the child can be involved

in positive groups—this would be best for their emotional and physical health.”

Discussion

Overall impressions from a small sample of caseworkers regarding a pediatric medical home were positive. Although most were not familiar with the specialized term *medical home*, all caseworkers noted that the foster care clinic made their work easier: by timely communicating important medical information, by affording easy access to medical information, and by cooperating with the child welfare system. Overall consensus was that this health care model was generally well suited to meet the complex health needs of this population; however, additional resources could improve care. Suggestions for improvement included expanding physical space and increasing staff support.

Limitations of this study are that the data were based on a convenience sample of caseworkers who agreed to participate, and reflect the experiences of caseworkers in one county in upstate New York with a medical home for children in foster care. Some aspects of care may be unique to this particular clinic. Strengths are that despite the small sample size, saturation point (Glaser & Strauss, 1967) was achieved, and recurrent themes were readily apparent across interviews.

Specialized health care clinics for children in foster care are a relatively new phenomenon, but this model is being replicated across the country (Szilagy, 2007). In Rochester, New York, reliance on this type of model is a given: state law mandates that children in foster care must receive primary care from one site. Therefore, continuity of care and integration with social services has evolved nationally from this relationship. Similar clinical models have been established in cities such as Syracuse, New York; Jacksonville, Florida; and Worcester, Massachusetts. These health clinics have varying degrees of integration

Understanding Caseworker Perspectives on a Pediatric Medical Home for Children in Foster Care with their respective departments of human and social services. Some clinics, such as in upstate New York (Rochester and Syracuse) and Jacksonville, Florida, offer longitudinal primary care for children in foster care. Others, such as in Worcester, Massachusetts, provide an initial evaluation for children as they enter the foster care system, but do not serve as the sole medical home.

Specialized health care settings dedicated to the care of children who are in the child welfare system offer the opportunity to focus on issues that may be unaddressed or underaddressed in traditional primary care settings, such as the impact of having experienced abuse and/or neglect and other forms of complex trauma. Effective health care models should bridge the gap between health care and social services, and facilitate an ongoing dialogue among disciplines to enhance the care of the child or youth in foster care.

Future investigations on the impact of a centralized medical home for children in foster care on casework practice may want to elicit feedback from caseworkers both in other centralized medical homes and in decentralized foster care medical settings. Familiarity with novel health care systems, such as this centralized health care model for children in foster care, may lead to improved and alternative systems of care for this vulnerable population.

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Authors' Notes and Acknowledgements:

We acknowledge funding from the Pediatric Links with the Community (PLC) Partners for Children Program and Robert Wood Johnson Physician Faculty Scholars Program. We acknowledge Nancy P. Chin, Ph.D. M.P.H., who provided guidance in conducting the qualitative interviews. We are grateful to Cynthia Lewis, L.M.S.W., A.C.S.W., who is the Director of Child and Family Services, and to the caseworkers from the Monroe County Department of Human Services.

Since the time these interviews were conducted, new grant opportunities have facilitated the expansion of Starlight Pediatrics, the pediatric medical home for foster care, and its provision of services. A brand new facility is currently under construction that will co-locate the foster care health clinic with the visitation center, and thus provide even more integrated services for families. Starlight Pediatrics will have the physical space to provide on-site mental health therapy and evidence-based foster parent training focusing on behavioral concerns of children. In addition, new projects are underway that will enable Starlight Pediatrics to link with other foster care health sites and to share information via the new American Academy of Pediatrics website, Healthy Foster Care America, <http://www.aap.org/fostercare/>.

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