Boys Town Transition Clinic for Youth in Foster Care

FINAL REPORT AND ABSTRACT

Project Title: Boys Town Transitions Clinic for Youth in Foster Care

Project Number: H17MC07860

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ABSTRACT

PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: Maintaining good health is an essential first step for transitioning youth as they move toward fulfilling their personal vision for adult life. The Boys Town Transitions Clinic was developed to better prepare youth for accessing health care and to lead healthier lives following out-of-home care.

GOALS AND OBJECTIVES: In order to better prepare youth for accessing health care and leading healthier lives following out-of-home placement, Boys Town implemented a Transitions Clinic. This project addressed the need to better prepare youth for leading healthier lives following out-of-home placement by: 1) assessing youths' knowledge of self-care and provide needed preventive health care education; 2) developing personal health records for youth to have upon discharge from Boys Town; 3) conducting comprehensive physical exams on every youth prior to discharge; 4) assisting youth in identifying a medical home in their community, and 5) providing youth with comprehensive health care knowledge and resources through curriculum and individual health planning sessions.

METHODOLOGY: The understanding of youth related to preventive health care was assessed utilizing a tool based upon the Health Care component of the Ansell-Casey Life Skills Assessment (ACLSA), an evaluation of youth independent living skills. Youth were provided with needed health education through the Senior Planning curriculum. This information, along with personal health information specific to each youth, were incorporated into a Personal Health Record for the youth to keep. Youth were provided a list of health care resources for their own community. Program staff assisted youth in

identifying a health care professional in their community willing to serve as the youth's medical home.

EVALUATION: Process evaluations were conducted including tracking the number of youth served through the clinic. Data from surveys conducted at youths' admission and discharge physical exams, and from follow-up interviews conducted with youth at 12 months following discharge from Boys Town, were analyzed to evaluate outcomes.

OUTCOMES: More than 1500 youth participated in the Transition Clinic over the course of the project. A paired samples t-test was used to determine differences in knowledge of health services utilization at the beginning of the intervention and then again at discharge. Analysis of 171 matched admission-discharge surveys revealed significant improvements on responses for several of the survey questions. Interviews of youth at 12 months following program completion showed 77% of youth had a medical home, almost 93% had health insurance, 91% had a medical exam since departure, and 95% were able to obtain all necessary medications and medical care.

PUBLICATIONS/PRODUCTS: Several products were developed to help support the goals and objectives of this program. Products that were created early in the project included a survey to assess youth knowledge of the health care system and their personal health, a comprehensive health assessment tool used during the admission process, a health visit summary form, and a brochure promoting the services available at the clinic. A health section was added to the Boys Town Senior Planner and presentations for youth were developed and presented during their school day throughout their senior year. All of these forms and presentation handouts are included

in the final performance report in the Health Resources and Services Administration (HRSA) eHandbook.

DISSEMINATION/UTILIZATION OF RESULTS: Two national presentations were given about the Healthy Tomorrow's project. A poster presentation on the program was made at the National Conference and Exhibition of the American Academy of Pediatrics, held in San Francisco, CA in October 2007 and a presentation to the Association of Maternal and Child Health Program's National Conference held in Washington, DC in 2012.

FUTURE PLANS/SUSTAINABILITY: The Transition Clinic established through the implementation of this project will continue as a component of Boys Town's services. Some aspects of the project will be discontinued or provided in a condensed form, however, the primary components of the project will be sustained. Additionally, aspects of the health care section of the Senior Planner are being integrated into Boys Town transition planning to ensure that health information and planning are part of the resources provided to youth nationally.

NARRATIVE FINAL REPORT

PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS:

Transition is described as "the purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from child-centered to adult-orientated health care systems"[1]. Maintaining good health is an essential first step for transitioning youth as they move toward fulfilling their personal vision for adult life. They need sustained support to ensure that their long-term health needs are met during the transition to adulthood. Youth who have experienced abuse, neglect or other trauma resulting in out-of-home placement often enter and leave foster care with challenges related to physical health, as well as developmental, behavioral, and emotional disturbances. When compared with other children of the same socioeconomic background, children in foster care experience higher rates of serious chronic physical disabilities, birth defects, developmental delays, and emotional problems than do all children[1].

Approximately 80% of children in out-of-home care have at least one chronic medical condition, with nearly one-quarter of these children having three or more chronic problems.[2] Nearly 49% have psychological disorders warranting clinic intervention, and 53% have developmental problems.[1,3] A study in California demonstrated that 77% of teenagers in foster care were found to be in need of a mental health referral.[4] A Vermont study found that among foster youth 15 years and older,

86% were sexually active, but only 38% indicated regular contraceptive use, and only 38% believed they were at risk of HIV or AIDS.[5]

In addition to the heightened risk for conditions as cited above, all youth in foster care are subject to the same risks for developing illnesses related to their ethnicity and family history. There are specific illnesses which differing populations are more likely to develop. For example, Native-Americans are more susceptible to developing diabetes. African-Americans are more prone to high blood pressure and sickle cell anemia. African-Americans are also the fastest growing group of people becoming infected with HIV.[6] Many youth in out-of-home care have no knowledge of their family's health history, one that could potentially put them at even greater risk for these and many other medical conditions. These health concerns should be assessed and explored within the context of each youth's individual health care needs.

All of these physical and mental health care needs persist as young adults age out of care. Many still have a need for highly intensive and specialized health services. Young adults ages 18-24 years are the least likely to have a usual source of health care.[6] However, young people leaving out-of-home care to live independently not only tend to lose routine preventive care, but also care for chronic medical conditions and access to counseling services.[7] Youth leaving care often enter into jobs that do not provide health insurance or pay sufficient wages to allow them to purchase it independently.[8] The Chafee Act established a new Medicaid eligibility group for foster youth who remain in state care on their 18th birthdays. States can choose to provide this option to young adults exiting the foster care system. In states that do not choose this option, youth often leave care without the protection of health insurance.[9]

Across the nation, there is a shortage of qualified providers who can help young people with the unique constellation of developmental, mental health, and substance abuse issues they may face when transitioning from care. This is especially true in rural areas.[10] Courtney et al. found that only 21% of youth surveyed reported receiving mental health services after leaving care, compared with 47% who receive mental health services while in care. Youth reported that they lacked insurance coverage or cash to pay for needed mental health services.[11]

To compound the problems faced with their health care, youth leaving out-of-home care face many additional obstacles including lack of or insufficient health insurance, inability to identify primary care providers with knowledge of the complex needs of youth in out-of-home care, and an overall lack of education about how to access health-related services in the community. This project addressed the need to better prepare youth for leading healthier lives following out-of-home placement by: 1) assessing youths' knowledge of self-care and provide needed preventive health care education; 2) developing personal health records for youth to have upon discharge from Boys Town; 3) conducting comprehensive physical exams on every youth prior to discharge; 4) assisting youth in identifying a medical home in their community, and 5) providing youth with comprehensive health care knowledge and resources through curriculum and individual health planning sessions.

Although Boys Town is a one-of-a-kind community, these state and national statistics related to the health care transition needs of youth in out-of-home care certainly are reflected in the population served by Boys Town, if not to a greater extent. Boys Town, the original Father Flanagan's Boys' Home, is a leader in the treatment and

care of neglected and abused youth. For over 90 years, the nonprofit, nonsectarian organization has provided youth with a safe, caring, loving environment where they gain confidence to get better and learn skills to become productive citizens in their communities.

Children residing at Boys Town represent multiple racial and cultural ethnicities. Every state in the union has been represented at Boys Town, with children from as many as 30 to 40 states in residence at any given time. Boys Town also has accepted children from the U.S. Territories and several foreign countries. Since 1917, when Father Flanagan established Boys Town with a commitment to serve children from any race or religion, Boys Town has worked to develop culturally sensitive programs and incorporate ethnic traditions into treatment whenever possible. That commitment was carried on through the Transition Clinic by the inclusion of traditional healing remedies (where appropriate and effective), educational materials provided in the youth's primary language, and identification of primary care providers in the community who provide culturally effective care.

Boys Town serves children from around the nation, however for the purposes of this program, the greater Omaha-area will be considered part of the Boys Town community. The greater Omaha area is mostly urban and suburban, but provides pediatric subspecialty services for most of the state, which is primarily rural and agricultural. Boys Town has a strong history of collaboration with the City of Omaha. Boys Town staff and the City of Omaha partner to work with over 40 local churches, schools, and child and family service organizations to provide parenting programs for families of youth served. Douglas County contracts with Boys Town to provide physical

exams for all youth entering the Douglas County Juvenile Courts. Boys Town staff provide training to foster parents licensed in Douglas County. A significant number of youth who receive services through Boys Town are residents of Nebraska. Approximately 20% of the youth served by Boys Town are referrals from the State of Nebraska.

This program specifically targeted youth ages 14 and older in the Residential Services program at Boys Town, with special attention given to those youth who transitioned from services at age 18 years (youth who are "aging-out"). This population was targeted because youth transitioning from Boys Town are the most in need of the identified services. All of the youth served by Boys Town have some physical, behavioral, or mental health condition, thus meeting the federal Maternal and Child Health Bureau definition of children/youth with special health care needs.[12] These youth have often failed multiple foster care placements, been in and out of the juvenile justice system, and/or have no known living family. These are the youth who are least likely to have a safety net upon which to fall once discharged from Boys Town services. The Boys Town Transition Clinic provided a mechanism to address the health care needs of youth transitioning from out-of-home placements into independent community living. This project addressed the Maternal and Child Health program priority of providing community-based systems of coordinated care for children with special healthcare needs.

GOALS AND OBJECTIVES:

The overall goal of the Boys Town Transition Clinic was to improve access to health care services, appropriate use of health care services in the community, and better overall health due to improved self-care to youth aging out of out-of-home care.

GOAL 1: Provide self-care and preventative health care education and information to youth in out-of-home care at Boys Town.

Youths' pre-participation health care knowledge was assessed by use of a questionnaire during their required admission physical. Self-care and preventative healthcare education were provided through three experiences during a youth's stay at Boys Town. Senior planning sessions allowed for one-on-one discussions with each youth to discuss individualized health care needs; health education sessions during the school day provided specific content related to common health topics including minor first aid, nutrition and how to access medical care. Finally, discharge physicals provided an opportunity to confidentially and thoroughly discuss individualized health care with youth.

GOAL 2: Develop Personal Health Records for each youth prior to discharge from residential services at Boys Town.

The personal health records for youth ages 17 and older were developed to include information on health history, immunization record, current medications, and preventive health care practices. Additionally, personal health records for youth with chronic conditions included personal care plans, developed with the youth to ensure they were educated on the self-care required to address their chronic condition. These plans included the use of medications and protocol for accessing health care services.

GOAL 3: Perform comprehensive physical exam on each youth prior to discharge from Boys Town

At the project's inception, while Boys Town provided medical care to youth residing on campus, physicals were not routinely performed when the youth transitioned to or from care. The third goal of the project was to ensure that youth received physical exams, including dental and vision screening. This exam was performed by pediatricians or nurse practitioners at Boys Town Pediatrics. The discharge exam provided an opportunity for youth to ask questions about their personal health before leaving services, to screen for any new physical, dental, or visual concern that may have arisen, and to develop a plan to transition care to the new medical home in partnership with the youth.

These physical exams provided an opportunity to review self-care information, care plans, and treatment protocols with each youth. Youth completed pre- and post-health care knowledge surveys during their entrance and exit physicals.

GOAL 4: Coordinate transition of youths' health care to a medical home in their community upon discharge from Boys Town

Through the health education sessions in the classroom, during senior planning sessions, and as part of the education provided at discharge physicals, youth were provided with information and assistance identifying and accessing a medical home and other services in the community to which they were transitioning.

Many youth leaving care have not learned the skills necessary to take care of their personal health. A major goal of this program was to provide youth with preventive health care education, including how to stay healthy (e.g. get enough sleep, regular

exercise, visit doctor annually), how to care for minor illness and simple injuries, how to know when to seek medical attention, appropriate use of prescription drugs and over-the-counter medications, and how to access health services (e.g. understand health insurance coverage, how to make appointments). Youth were assessed on their understanding of these topics utilizing the health component of the Ansell-Casey Life Skills Assessment Survey (see Appendix).

Development of a personal health record, the second goal of this program, was a critical component. The personal health records allowed youth to take responsibility for their health care by being knowledgeable of and responsible for their health information. Project staff members were able to research and consolidate individual health records onto a data drive that youth could take with them upon discharge. These records included past and present diagnostic and treatment information, immunization records, current medication and problems list, and included relevant birth family health issues (if known) and/or measures to prevent/control conditions related to their ethnic background (e.g. heart disease among African-Americans, diabetes among Native Americans). In addition to medical history, general preventive health information was incorporated, drawn from the materials used to provide self-care and preventive health education. Also, resources related to the communities to which youth were transitioning were included.

Prior to aging out of care, arrangements for a youth's physical and mental health care are often handled by staff in child welfare programs. Currently, health care services' staff are often not involved in helping youth transition their health care back to their permanent home. Youth in out-of-home care are insulated from understanding the

difficulties of gaining access to health services as an uninsured or underinsured person because they are never involved in the process of obtaining care for themselves. Through this program, staff worked individually with each youth to help them: 1) identify providers of health, mental, and behavioral care services in their community; 2) choose a primary care provider to serve as their medical home; 3) transfer necessary medical records to the new providers; and 4) make new patient appointments with community providers prior to discharge.

METHODOLOGY:

The Boys Town Transitions Clinic integrated new health care education and services to the youth participating in the Residential Services program. All youth served on the Boys Town campus received primary medical care by the staff of Boys Town Pediatrics including pediatricians, nurse practitioners, and registered nurses prior to project implementation. However, comprehensive health care education was not provided and youth only received physical exams upon admission to Boys Town and annually thereafter. There was no scheduled physical exam for youth prior to discharge from services. Although there is a strong team in place to assist youth upon their discharge, there was no health component incorporated into discharge planning. Youth did not receive information on how to locate a primary care provider, nor were they given any personal health records (including vaccinations) at discharge. Chronic conditions were monitored while youth were at Boys Town; however, they were not given comprehensive education on how to keep their conditions under control, nor what progression they should anticipate in their disorder (if any) over time. There were no formal preventive health education plans in place for the youth, and certainly, little, if

any attention was given to providing youth information on prevention of conditions for which they may be at greater risk. Program activities directly addressed these gaps in health care education and assistance in identifying and accessing health care services.

EVALUATION:

Data were collected related to the project from the pre- and post-survey administration and from follow up surveys conducted by Hotline staff 12 months following discharge. Staff from the Boys Town Hotline contact youth via phone and ask questions related to recent medical exams, dental checkups, their ability to get needed medical care or medication, health care insurance coverage, or if they have received any therapies.

RESULTS/OUTCOMES:

The first year of the Boys Town Transitions Clinic program was very important toward establishing a firm foundation for the clinic. Much of Year 1 was spent working with staff at Boys Town to ascertain how health care was currently built into the programming for youth served and where the gaps and opportunities existed to intentionally incorporate health into the overall treatment of the youth. During Year 1 we found many opportunities to build health into the overall continuum of care here at Boys Town including: improvement to the admission process (doing more to obtain medical records prior to admission); educational and training events with Family Teachers in the youths' residence during Family meetings, during Science classes at Wegner Middle School and Boys Town High School, Senior Planning, and through the Aftercare Program.

Determining the process for evaluating the needs of the youth in regard to their knowledge of the health care system and maintaining their personal health was not only important in designing an educational program for each youth, but also in evaluating the impact of our intervention. Much time was spent reviewing what assessments were being used with the youth (to avoid duplication) as well as items on the Ansell-Casey Life Skills Assessment. In the end, a new tool was developed, in partnership with staff in the Boys Town National Research Institute, to meet our needs and those of the youth.

Another important accomplishment in Year 1 was the redesign of established protocols at the Boys Town clinic. Although the clinic has been meeting the basic health care needs of the youth at Boys Town for many years, as we began to examine ways to build the Transitions activities into the existing clinic, it became obvious that some major changes would need to occur. One major change that this program affected was the way medical records are obtained, updated, and maintained in the chart. In working with Sherry Dufault, the Boys Town school nurse, we redesigned the intake form used during the admission process so that medical information received is comprehensive and helps to inform the treatment plan for each youth from the start. We are also in the process of developing new policies for the organization so that all of the youth's past medical records are required prior to admission at Boys Town.

Another tool was created to better communicate health care needs between the clinic staff and the youth's Family Teachers. A summary sheet of each visit was created to inform the youth and Family Teachers (as well as other ancillary support staff) the out come of the visit, any changes to medications or therapies, and a listing of referrals

including dates/times of appointments. We found this to be an important first step in building a health record that will go with the youth upon discharge from Boys Town.

All of our community partners had expressed the need for more comprehensive health care services to the entire population of youth in out-of-home care. For that reason, we worked to promote the Boys Town Transitions clinic to all youth-serving agencies in our community. With funding secured from another source, we developed a brochure promoting the need for a medical home among youth in foster care, and describing how Boys Town Pediatrics served as that medical home for any youth in out-of-home care.

The second year of the Boys Town Transitions Clinic program was very important in initiating health care education with an emphasis on self-care and prevention to the youth. During Year 1 we found many opportunities to build health into the overall continuum of care and during Year 2 one of those opportunities consisted of educating the youth entering their senior year. An entire Health Care section was added to the Senior Planning curriculum and was presented to the youth in a series of presentations during the summer prior to their senior year and also during the evenings in the homes with the Family Teachers. The topics covered during the senior planning education included the importance of health insurance, high risk behaviors and their consequences, prevention and treatment of common illnesses, when to go to the doctor or the emergency room, talking to your doctor, the importance of maintaining medical records, and a list of programs and organizations available if the youth doesn't have insurance. The Senior Planning curriculum allows important and consistent information to be given to every youth prior to their aging-out of Boys Town. Any specific needs of

individual youth can also be addressed during the private sessions in the family homes or during the discharge physicals.

One of the protocols established in Years 1 and 2 at the Boys Town clinic was a requirement of discharge physicals that allows the Transitions activities to be included in the discharge process. During the discharge physical the youth's medical records were reviewed and updated with regard to vaccination record, health history, medication history, and discharge needs. The youth were provided a copy of the pertinent medical records at discharge.

Another important accomplishment in Year 2 was the hiring of a Grant Project Manager for the Transitions Grant. Although the clinic has been meeting the basic health care needs of the youth at Boys Town for many years, as we began to examine ways to build the Transitions activities into the existing clinic, it became obvious that some major changes would need to occur. The Grant Project Manager participated in the first physical that the youth had upon their admission to Boys Town. A new Health History Interview Form was issued with the input of the Admission personnel, Family Teachers, and Medical Clinic Personnel. The form became part of the admission packets prior to the youth's admission with the hopes of having the medical history completed by the family/guardian and returned with the youth upon admission. The admission nurse then completed her section in the Health History Form and sent the Form home with the Family Teachers who completed a section with the youth prior to the admission health physical. The form was then taken to the admission physical in the blue folder, specific to the treatment homes, and finally completed by the physician

and Grant Project Manager. Therefore, all those involved in the youth's health care needs were communicating better and preventing duplication.

Another tool was created to better communicate health care needs between the clinic staff and the youth's Family Teachers. A summary sheet of each visit was created to inform the youth and Family Teachers (as well as other ancillary support staff) the outcome of the visit, any changes to medications or therapies, and a listing of referrals including dates/times of appointments. We found this to be an important first step in building a health record that would go with the youth upon discharge from Boys Town.

The third year of the Boys Town Transitions Clinic program was very important in continuing the health care education to the youth with an emphasis on self-care, nutrition, and illness/injury prevention. During Year 1 we found many opportunities to build health into the overall continuum of care and during Year 2 one of those opportunities consisted of educating the youth entering their senior year. During Year 3 the entire Health Care section of the Senior Planning curriculum was updated and expanded and was presented to the youth in a series of classroom-style presentations in school during their senior year. The health care section was expanded to include more topics on personal health, prevention, and where to find affordable health care. Youth were taught about the importance of health insurance, high risk behaviors and their consequences, prevention and treatment of common illnesses, when to go to the doctor or the emergency room, talking to your doctor, the importance of maintaining medical records, and were provided a list of programs and organizations available in the community for youth without health insurance upon departure from Boys Town. More classroom presentations have been added to allow for discussion of the additional

topics. The Senior Planning curriculum allows important and consistent information to be given to every youth prior to their aging-out of Boys Town. Any specific needs of individual youth can also be addressed during a private session in the family homes or during the discharge physicals The new Boys Town Family Support Hot Line was initiated during Year 3 and provided 24-hour crisis, resource and referral numbers for the transitioning youth.

One of the protocols continued in Year 3 at the Boys Town clinic was discharge physicals. During the discharge physical the youth's medical records are reviewed and updated with regard to vaccination record, health history, medication history, and discharge needs. The youth is provided a copy of the pertinent medical records at discharge. This has been the first step in providing a comprehensive personal health record to all youth upon discharge from Boys Town. A thermometer and first aid kit along with information for the 24-hour hot line has been added to the discharge packet and explained in one of the classroom senior planning sessions.

In Year 3 the Grant Project Manager has continued working with the youth during the admission physicals, in the classroom, during individualized one-on-one teaching sessions, and the discharge physicals. The updated Health History Interview Form sent out in the admissions packet prior to admission has resulted in more comprehensive past medical records being obtained. Another tool was created to better communicate health care needs between the clinic staff and the youth's Family Teachers. A summary sheet of each visit was created to inform the youth and Family Teachers (as well as other ancillary support staff) the out come of the visit, any changes to medications or therapies, and a listing of referrals including dates/times of appointments. This

continues to be an important first step in building a health record that will go with the youth upon discharge from Boys Town.

All of the community partners expressed the need for more comprehensive health care services to the entire population of youth in out-of-home care. Because we promoted the Boys Town Transitions clinic to all youth-serving agencies in the community, we began seeing youth in out-of-home care, not in residence at Boys Town, and offering our Transition Services to these youth as well.

The fourth year of the Boys Town Transitions Clinic program focused on sustainability and expansion of activities through integration with Boys Town Youth Care Services. We were able to increase the Grant Project Manager (Nurse) position to a full-time employee in order to more fully address and integrate the health needs of Boys Town youth while in residence at the Boys Town Home Campus. She was hired partially through grant funding and additional in-kind funds were provided by Boys Town. The Project Manager was able to work directly with the Home Campus staff to, not only identify areas for improvement in meeting health care needs of residential youth, but to also seek additional opportunities to incorporate health promotion and primary prevention. During the final year of the project, the Project Manager/Nurse was hired by Boys Town to continue to serve campus youth.

Providing health care education to Boys Town youth with an emphasis on self-care, nutrition, and illness/injury prevention to the youth, continues to be a priority. During Year 4 more classroom presentations were added to the curriculum developed during Year 3 to allow for discussion of the additional topics. The Senior Planning curriculum continues to allow important and consistent information to be given to every

youth prior to aging-out of Boys Town. Any specific needs of individual youth were addressed during private sessions in the family homes or during the discharge physicals. Additionally, a new Boys Town Family Support Hot Line was initiated at the end of Year 3, and a mechanism to provide 24-hour crisis, resource and referral numbers for transitioning youth was included as a hotline service. During Year 4 we continued to track transitioning youth through the Hot Line and found an increase in phone calls from previous youth requesting health information and treatment questions.

In Year 4 the Grant Project Manager continued working with the youth during the admission physicals, classroom settings, and the discharge physicals. The updated Health History Interview Form sent out in the admissions packet prior to admission was shown to result in more comprehensive past medical records being obtained. Additionally, the NextGen Electronic Medical Record (EMR) system was implemented at the Boys Town clinic. The EMR allowed for more comprehensive medical records to be maintained and accessed. Finally, a new process for disseminating personal health records to youth was developed in which their records were copied onto thumb drives. Upon graduation, these thumb drives were given to the youth together with a variety of health related resources and materials including thermometers, a first aid kit, a pocket-sized first aid guide, and a magnet with the Boys Town hotline number and other community resources.

Data were collected related to the project from the pre- and post-survey administration and from follow up surveys conducted by Hotline staff 12 months after discharge. Health-related surveys were given to youth during admission (pre-survey) and discharge (post-survey) physicals. A paired samples t-test was used to determine

significant differences in knowledge of health services utilization at the beginning of the intervention and then again at discharge. Of the 12 items (taken from the Ansell Casey Life Skills questionnaire), several were found to have significant pre/post changes including, “When should you see your primary doctor?”, “ When I visit the doctor for the first time, I need to bring…”, and, “When do you need to share your family’s medical history?”

Staff from the Boys Town Hotline contacted youth via phone and asked questions related to medical exams, dental checkups, their ability to get needed medical care or medication, health care insurance coverage, or if they received any therapies. These interviews were completed at 6, 12, and 24 months after the youth is discharged. Interviews with youth at 12 months following program completion showed 77% of youth had a medical home, almost 93% had health insurance, 91% had a medical exam since departure, and 95% were able to obtain all necessary medications and medical care.

PUBLICATIONS/PRODUCTS:

Over the course of the project, several products were developed to help support the goals and objectives of this program. Products that were created early in the project included a survey to assess youth knowledge of the health care system and their personal health, a comprehensive health assessment tool used during the admission process, a health visit summary form, and a brochure promoting the services available at the clinic. A health section was added to the Boys Town Senior Planner and presentations for youth were developed and presented during their school day throughout their senior year. All of these forms and presentation handouts are included in our final performance report in HRSA’s eHandbook.

DISSEMINATION/UTILIZATION OF RESULTS:

In addition to the tools and content developed for the program, two national presentations were given about our Healthy Tomorrow's project. A poster presentation on the program was made at the National Conference and Exhibition of the American Academy of Pediatrics, held in San Francisco, CA in October 2007 and a presentation to the AMCHP National Conference held in Washington, DC in 2012.

FUTURE PLANS/SUSTAINABILITY:

The transition clinic established through the implementation of this project will continue as a component of Boys Town's services. Some aspects of the project will be discontinued or provided in a condensed form. For example, during the funding period, the nurse affiliated with the project met with the youth individually a couple of times throughout the year to discuss their personal health, provide guidance related to chronic conditions, and follow up on progress related to pursuing insurance and establishing a medical home upon graduating. These individual meetings will be discontinued; however, health discussion will continue to take place during the entrance and exit physicals, and personal health records may continue to be provided to youth. Also, the content delivered to youth through presentations during the school day will continue to be part of the curriculum; however, Boys Town faculty and the nurse are working together to condense and improve the content. Additionally, a Boys Town committee currently working on a national transition planner for youth is utilizing the health care section of the Senior Planner to ensure that health information and planning are part of the resources provided to youth.

ANNOTATION:

Youth who have experienced trauma resulting in out-of-home placement often enter care with challenges related to physical health. To better prepare youth for accessing health care and leading healthier lives following out-of-home placement, the Transitions Clinic provided health education, connected youth with medical homes, and created personal health records. Outcomes indicated that youths' knowledge of preventive health care and ability to access health care services improved following participation in the Transitions Clinic.

KEY WORDS: youth, foster care, health care, transitions, personal medical records

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Questions for Brigid:

How many interviewees at 12 mo. Follow up?

How many graduated?