Friends of Children Healthy People 2020

GRANT PROGRAM FOR CHAPTERS

Adolescent Health Summaries: Goals, Outcomes, and Future Plans

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ACKNOWLEDGMENT

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INTRODUCTION

The Healthy People initiative presents a comprehensive, nationwide health promotion and disease prevention agenda for improving the health of all Americans. Over the last three decades, this initiative has highlighted emerging issues as identified by the US Department of Health and Human Services. Moreover, it aligns chapter programmatic work to AAP priorities identified in the Agenda for Children to assure that the national organization and its affiliated chapters have the greatest impact on improving child health.

In 2002, the AAP Board of Directors approved the **Friends of Children Healthy People Grant Program for Chapters** and assigned the oversight role for this grant program to the District Vice Chairpersons (DVCs) Committee. The overall goal of the program is to help chapters establish networks in their communities to support the development and implementation of programs that address pediatric objectives within the US Department of Health and Human Services' Healthy People initiative.

In May 2011, the DVCs reviewed the Healthy People pediatric objectives and determined that adolescent health was the topic area on which the Friends of Children Healthy People Grant Program should focus. Specifically, the DVCs focused on the below Healthy People objectives for consideration.

FOCUS AREA: ADOLESCENT HEALTH

AH-4: (Developmental) Increase the proportion of adolescents and young adults who transition to self-sufficiency from foster care

AH-7: Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property

AH-8: Increase the proportion of adolescents whose parents consider them to be safe at school

AH-9: (Developmental) Increase the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity

AH-10: Decrease the proportion of public schools with a serious violent incident

AH-11: Reduce adolescent and young adult perpetration of, as well as victimization by, crimes

AH-11.4: (Developmental) Reduce the rate of adolescent and young adult victimization from crimes of violence

FOCUS AREA: INJURY AND VOILENCE PREVENTION

IPV-33: Reduce physical assaults

IPV-34: Reduce physical fighting among adolescents

IPV-35: Reduce bullying among adolescents

IPV-39: (Developmental) Reduce violence by current or former intimate partners

IPV-41: Reduce nonfatal intentional self-harm injuries

IPV-42: Reduce children's exposure to violence

Through the support of the AAP Friends of Children Fund, the AAP offered a grant opportunity to chapters to help them develop and implement programs that focused on adolescent health. Five chapters were awarded grants of $20,000 each to fund their programs. The period of performance began on July 1, 2012 and concluded on July 30, 2014. As stipulated in the terms of the agreement, chapters were required to submit final reports at the conclusion of the grant period. Highlights from those reports are included in this publication.

The program summaries described in this compendium provide five different approaches to promoting adolescent health. The summaries include information on the program description; collaboration; evaluation and measurement; outcomes; barriers and lessons learned; and future plans. Contact information is provided for each project director to gain more information about a particular program.

Each of these pilots demonstrates promising practices that warrant further study to determine their long-range effectiveness. In the short term, all five chapters forged new partnerships, activated communities to address this important issue, and have plans to continue this work.

PROGRAM SELECTION CRITERIA

A **Request for Proposals** was mailed to all chapter presidents, vice presidents and executive directors. Each program was required to adhere to the following criteria:

- Specifically address one or two objectives from the Adolescent Health and Injury and Violence Prevention Healthy People pediatric objectives as noted above.
- Include a letter of support from the chapter (only one application per chapter)
- Include a description on how the program is integrated into chapter activities and strategic plan
- Include an evaluation component to promote project sustainability
- Include a concrete timeline for goals to be accomplished

Priority was given to proposals that:

- Include letters of support from community collaborative partners
- Demonstrate innovative and creative approaches
- Address hard-to-reach/high risk populations
- Demonstrate continuation of the program beyond initial funding
- Show collaboration with other organizations to promote the benefits of adolescent health programs

Using the above criteria as a guideline, a score sheet was created to assist the DVCs in assessing and ranking the applications. Committee members used the criteria to score the proposals. In an effort to encompass a variety of programs, a concerted effort was made to select chapters with dissimilar activities and target populations. The process for narrowing the number of chapters who were finalists as well as those who ranked in the top 50 percent was also discussed. Ultimately, the **California Chapter 4, Maine Chapter, New York Chapter 3, North Carolina Chapter, and the Rhode Island Chapter** were selected as recipients of the Friends of Children Healthy People 2020 adolescent health chapter grants.

ADOLESCENT HEALTH PROGRAM SUMMARIES

CALIFORNIA CHAPTER 4
"Partnership for Inclusion and Education: Eliminating Bias and Increasing Safety for Sexual Minority Youth"

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PROGRAM DESCRIPTION

California Chapter 4 chose to combine the Healthy People 2020 objectives of reducing bullying among adolescents (IPV-35) and of increasing the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity (AH-9). The program was a novel collaboration that included the chapter, the Department of Education, The Gay and Lesbian Services Center of Orange County, and the unique, authentic voices of marginalized youth. The overall goal was to decrease anti-LGBTQ (lesbian, gay, bisexual, transgender/gender variant, queer) bullying and harassment in all area schools and to increase the resiliency of local sexual minority youth by providing visible, explicit support.

The goals of educating pediatricians and other professionals around the issues of LGBTQ bullying, training and support of local youth ambassadors, and launching a youth driven pilot project in area schools, were achieved in all areas.

Youth training was accomplished primarily in the first half of the project and exceeded the initial number of youth anticipated. Besides receiving feedback and training from the project focused community work group and The Center OC staff, youth also benefitted from the involvement of University of California, Irvine law students and staff from the American Civil Liberties Union (ACLU) who made sure the youth understood and could factually represent the relevant educational statutes that were passed by the California legislature during the course of our project period. As training proceeded, youth learned about organizing, advocacy and intersectionality. They built relationships with allies, and developed workshops to increase the cultural sensitivity of others.

School visits to pilot sites were begun several months into the project. Youth refined their tools, materials and approach through an iterative process that included feedback from adults in the project community workgroup, and "real-life" experience in pilot sites. Early in the project, the

initial concept involved getting as many student-signed anti-bullying pledges as possible and "grading" schools on their willingness to distribute the pledges. Later, the final project included a train the trainer model with education and support for the school-based leaders. A "Know Your Rights" training and PowerPoint was developed, colorful SAFE ZONE materials were created, and the anti-bullying pledge became the "Color Me Equal Pledge" which was aimed more at school administrators and teachers rather than students alone. Many more schools beyond the initial 5 pilot sites were contacted. By 2014, over 30 schools had been visited, many several times.

Professional education of pediatricians and educators and school nurses around bullying and vulnerabilities of LGBTQ youth were concentrated in the first year, one of which was funded by a separate grant, while several others were aligned with this project. The project initiation coincided with a chapter sponsored CME event in June 2012 featuring speakers from the Department of Education, the Southern Poverty Law Center, local law enforcement and experts in bullying and its effects. In November 2012, the chapter had the opportunity to discuss the health impact of bullying at Grand Rounds presentation on LGBT health disparities at the Children's' Hospital of Orange County. The chapter provided similar information to UC Irvine medical students in December 2012 and 2013 and UC Irvine nursing students in April 2014. A chapter sponsored workshop on LGBTQ youth took place in May 2013 for physicians and school personnel. This workshop reviewed the health and mental health consequences of bullying and highlighted the particular vulnerabilities of LGBTQ youth, as well as ways to reduce risk. A panel presentation allowed the youth ambassadors to become the educators, sharing their experiences, and highlighting activities of the project. The formal project closed with a chapter sponsored educational session in May 2014 that involved a re-cap of the efforts the youth had made, along with the health and educational disparities that bullying can cause.

COLLABORATION

The project was collaborative and youth-driven since its inception. Community Partners included the chapter, The Gay and Lesbian Services Center of Orange County (The Center OC), and the Orange County Department of Education. Other partners include the Orange County Health Care Agency, Behavioral Health Services Center of Excellence: Orange County ACCEPT). OC ACCEPT provides community-based mental health and supportive services to individuals identifying as LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning) and the people important in their lives. Another active ally group comprised members from the Orange County DREAM Team, whose mission is to support and advocate for the rights of undocumented students. The similarities and intersectionality of LGBT and immigrant issues are kept in focus through the DREAM Team's involvement.

The most important community members involved were the youth who participated in the Center's OC's new program Youth Empowered to Act (YETA). YETA is a group of middle and high school students who have expressed an interest in becoming advocates for LGBTQ youth. Their goals included the identification of supportive school administrators and faculty, the establishment of visually identifiable safe spaces in schools, and the presence of Gay-Straight Alliances (GSA) in all Orange County High Schools, in addition to the anti-bullying campaign. Approximately 30 YETA members participated in developing the anti-bullying pledge and education project.

Other community partners along the way included University of Irvine law students and a newly formed adult group of teachers, administrators and parents who came together in the hope of ensuring even application of existing anti-bullying statutes because of concerns over specific incidents.

EVALUATION AND MEASUREMENT

YETA Activities

The Youth Empowered to Act (YETA) group was very successful in outreach and establishing the Color Me Equal Campaign at schools throughout Orange County. During the program period (2012-2014), YETA visited 58 high schools and 7 middle schools, representing 13 out of Orange County's 15 school districts. Multiple meetings occurred at 24 high schools and 2 middle schools with further meeting plans underway for many of these. Twenty high schools have established the Color Me Equal Campaign, either in collaboration with the school's GSA, or through a Safe Zone Sign Competition. Knowing that simply putting up a Safe Zone would not be enough but that schools have limited time and resources to implement comprehensive training the youth developed a materials packet that includes information about the laws, the Gender and Sexual Orientation Glossary and additional resources and a Safe Zone Pledge. When teachers and administrators sign the pledge, they are acknowledging they have received the information packet and that they will advocate for a school campus that teaches staff and students how to create a safe and supportive environment for all youth, including LGBT youth. Over 300 Safe Zone pledges were signed and over 1,000 Safe Zone signs were distributed. Now, the Safe Zone sign is connected to the implementation of California Code of Education laws that are in place to improve the safety and educational outcomes for LGBTQ youth and all you who are bullied or "different." Additionally, 58 youth were trained by youth leaders on their campuses to conduct the campaign continually.

School Presentations

In collaboration with an Assistant Superintendent at Capistrano Unified School District (CUSD), youth leaders presented their campaign and spoke about LGBTQ youth cultural sensitivity at a series of four meetings with CUSD Activities Directors, Middle School Principals, High School Assistant Principals and Special Ed. Faculty/Staff. Similarly, our youth planned and presented to the Orange County High School Activities Directors at an annual meeting. Twelve other presentations were conducted during the program period. These presentations included the following: GSA Summit, California Association of School Counselors Conference, Pediatric Nurse Practitioners at Cal State Long Beach (a referral from our work with AAP), Cal State Long Beach Graduate Schools of Social Work and Education and others.

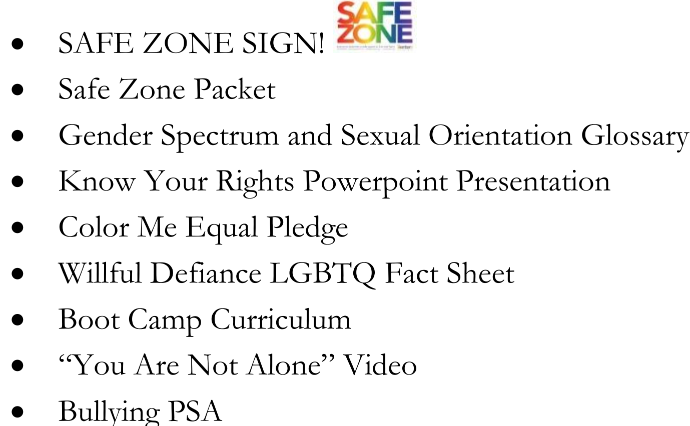
Youth Outreach

Outreach is conducted throughout the year: OC Pride, YOGO (a new Youth Organizing group in Anaheim) Kick-off, Noche de Altares in Santa Ana, where we had an Altar (dedicated to victims of bullying and hate crimes) for the very first time, OC Human Relations Walk in my Shoes Conference, California Association of School Counselors Conference, West Anaheim Youth Center Presentation, Speaking Panel for Irvine Valley College, LGBTQ Student Rights Community Forum - Garden Grove High School, Great American Write-In, OC AIDS Walk, Irvine Valley College, and many other college fairs, high school resource days, and parent and

community groups.

Materials

At this time the chapter has developed a compendium of youth-informed materials related to the campaign and to work outside of the campaign. This includes our Safe Zone sign, Color Me Equal Campaign Packet and the Gender and Sexual Orientation Glossary, and the CME Pledge as well as the steps we developed to implement the campaign. Materials include:

- SAFE ZONE SIGN! 

- Safe Zone Packet
- Gender Spectrum and Sexual Orientation Glossary
- Know Your Rights Powerpoint Presentation
- Color Me Equal Pledge
- Willful Defiance LGBTQ Fact Sheet
- Boot Camp Curriculum
- “You Are Not Alone” Video
- Bullying PSA

Professional Education

The chapter provided 8 professional education events over the project period, serving over 218 professionals. These events targeted pediatricians as well as other health and education professionals who provide services to teens. The following is a list of the professional events and the number of attendees for each:

Date/ Location	Title	Speaker	Number of Participants
July 2012 California Chapter 4, AAP CME event	“Bullied: A Student, a School and a Case that Made History”	Lecia Brooks, Director Southern Poverty Law Center	52
November 2012 CHOC Pediatric Grand Rounds	“Cultural & Health Disparities in the GLBTQ Community”	Lynn Hunt, MD	56
May 2013 California Chapter 4, AAP CME event	“Critical Role of Families in Preventing Suicide, Addressing School Victimization, and Promoting Well-being for LGBT Youth”	Dr. Caitlin Ryan	21
November 2013 NAPNAP Regional Conference	"Cultural and Health Disparities in the LGBTQ Community"	Lynn Hunt, MD	50
December 2012 and 2013	UCI Medical School – Medical Student Seminar on LGBT issues	Lynn Hunt, MD	80 Students at each session
June 2014	UCI Nursing Students – Seminar on LGBT Issues	Lynn Hunt, MD	40
May 2014	“Color Me Equal” – presentation to summarize the work completed during the course of the project	Lynn Hunt, MD Laura Canter Orange County High School Students	25

Feedback from each of these events was favorable. At the CME events, post event surveys were conducted and the speakers were rated highly. Examples of ways providers may change their practice with teen patients was to "Ask more patients about sexual orientation and gender identity," "Advise parents to love and support, share," and to post "acceptance signs in (the) office."

Program Sustainability

The Partnership has been very successful obtaining additional funding for expansion and extension of the project, particularly the YETA activities. YETA received a grant from Liberty Hill (Queer Youth Fund) of $100,000 over 3 years. Funding was renewed for the second year and we have just submitted our report for renewal in year 3. Also thanks to our growth, our Nordstrom funding increased beginning in 2012 from $55,000 to $75,000. The chapter also received a grant from Southern California Edison in the amount of $5,000. The project has been renewed for our funding through The California Endowment.

Additional grants received over the project period include the following:

- Weingart Foundation
- OCHCA
- Allied World Assurance
- Wells Fargo
- Pacific Life Foundation
- Disney
- Kaiser

Project staff and partners will continue to identify and solicit funding for future project activities and expansion.

OUTCOMES

Fortunately for the children of California, a few months after the grant application was written, a law passed requiring that schools add "actual or perceived sexual orientation and gender identity/gender expression" to protected groups in existing anti-bullying policies and procedures. This law made one of the Healthy People 2020 objectives: increasing the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity (AH-9) part of the California school code. The challenge became getting each school to understand and implement those changes. The youth from YETA received advice and training on the new law from University of California law students and later the ACLU to be certain they understood the specific requirements of the new law and could explain them clearly to other students and school administrators. YETA has made strides in raising awareness of the statute requirements in area schools.

BARRIERS AND LESSONS LEARNED

Although the State of California has language prohibiting discrimination based on gender expression or sexual orientation, each school district develops its own policies and enforcement guidelines. In Orange County, schools lack comprehensive policies to address bullying, and consistent responses to bullying incidents do not occur. Schools were often unaware of the

resources available to them and to their LGBT students. Additionally outside of our project, most teachers and students have not been provided with training on responses to bullying incidents.

The partners from the department of education were hampered by the institutionalized homophobia of their organization and could not participate fully with us at times because of the explicit nature of the project. The climate there did not seem change over the project period in spite of changes to the California educational code.

Maintaining a common vision and energy for the project was often a challenge with 3 quite different organizations involved. Future projects might benefit from a stronger initial administrative presence, even though that was not the emphasis of the project.

FUTURE PLANS

The Youth Programs at The Center OC, including YETA have continued to expand and strengthen. Funding has been secured from Liberty Hill Queer Youth Fund, Nordstrom, and Southern California Edison. School site education will be on-going.

MAINE CHAPTER
"Adolescent Medicine University"

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PROGRAM DESCRIPTION

"Adolescent Medicine University" was a one year long unique multi-practice virtual learning collaborative that made use of multiple Healthy People 2020 objectives. Six practices were enrolled to meet 7 times via teleconferencing over the course of the year. Between calls, the practice chose to focus topic from a list of 15, selected a change in their practice related to the topic, chose a measure related to the change, and then reported back to the group with information on what change they implemented, and the challenges and successes related to the implementation. Adolescent medicine experts, topic content experts, and practice coaches were provided. Additionally, participating practices made quality improvement changes using Plan-Do-Study-Act (PDSA) cycles.

The focus topics included the following:

- Increase health screening (standardize where possible)
  - Risk taking behaviors (HEADS) [IPV-39/41/42]
  - Depression [IPV-41]
  - Sexual identity [AH-9]
  - Substance abuse/use and exposure to drug use at school [AH-7]
  - Exposure to violence, fighting, bullying, dating violence [AH-11, IPV-33/34/35/39]
- Become adolescent "User-Friendly"
  - Understand and implement minor rights in office
  - Refine medical "homeness" for teens
  - Improve access for teens
  - Hone skills for working with teens across office.
- Develop office/community connection
  - Develop a parent/ teen advisory group for the office
  - Develop a relationship with counselor or school in area.
  - Develop a care-coordinator for clinic.
- Improve interventions
  - Improve adult transition plans [AH-4]
  - Increase resilience [AH-11/11.4/IPV-41]
  - Improve medication management

COLLABORATION

This project was a collaboration between the AAP Maine Chapter, MaineHealth, and the Maine Department of Education. The stakeholders in the collaborative represented a broad reach of interests that extended across the state.

EVALUATION AND MEASUREMENT

Evaluation occurred via a final survey of collaborative participants. 100% of practices chose the following topics: depression, minor rights, and resilience. Two-thirds of the practices chose the following topics: exploring teen exposure to violence and bullying, increasing teen access to the office, developing a relationship between the office and the local school, and adult transition process. The practice participants particularly felt that the topics around depression and minor rights were both easy to make effective change in the practice that was sustainable over time and effective for the teenagers. 100% of participants felt that the learning process was worthwhile, effective, and enjoyable. All participants expressed interest in future participation.

OUTCOMES

1. The project increased the knowledge base around adolescents in six geographically different practices across the state.
2. Survey results suggested that practice partners that were not directly involved with the collaborative still benefited from learning produced through the collaborative.
3. Tools related to minor rights (educational wall poster for parents/teens, pamphlet for parents, and a quiz for staff) were developed and are currently in use.
4. A new creative medium for learning was successfully tested – extensive choice for involved practices, virtual participation, low overall cost, and an enjoyable learning environment.
5. An infrastructure was developed for achieving future learning sessions for adolescent health. The chapter expects an Adolescent Medicine University Part 2 will be developed based on this success.
6. Approximately 50 other pediatricians learned about the collaborative at the Maine Chapter annual meeting.
7. Although the intent was for practices to conquer one focused goal at a time, almost all practices found that they preferred the topics and began compounding their work so as to continue with multiple focus topics simultaneously beyond the two month time cycles.

Potentially impacted patients:

- Directly involved providers had contact with approximately 15,000 pediatric patients.
- Indirectly involved providers had contact with approximately 70,000 pediatric patients.
- Presentation of the material learned was shared with policy professionals who care for approximately 260,000 pediatric patients.
- It is estimated that 50% of the populations were adolescents aged 10-20 years.

BARRIERS AND LESSONS LEARNED

The low rigor of measurements were welcomed by practices, but gave less rigor to interpretation of data collected. Statistical significance was difficult to measure, yet satisfaction by participants for the process was high.

Self-selection of topics for the practices resulted in many practices involved with different topics. This was preferable to the practices, but it became more difficult to compare practices against each other. A hidden benefit of the process was that one practice would work on a topic for two months and then another practice would improve on the same topic for the next two months, and then a third practice would improve on the topic even further. This progression resulted in higher quality tools that had been refined by the many cycles of practices addressing the topic.

FUTURE PLANS

The chapter sought further funding from an adolescent vaccine grant which would allow for a second round of the inexpensive, efficient, and enjoyable educational processes to take place. Hospitals within Maine are considering funding this type of process and education, and the largest hospital, Maine Medical Center is discussing funds to support and Adolescent Medicine University Part 2. They also envision this method of learning as potentially applicable to other healthcare topics not related to adolescent medicine.

NEW YORK CHAPTER 3
"Anchor to Independence"

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PROGRAM DESCRIPTION

The chapter designed and implemented a process in partnership with the public and private foster care agencies in New York City that connected youth transitioning out of foster care to an adolescent/young adult friendly medical home. The project addressed AAP Healthy People 2020 goals AH-4 in the program design and goals and objectives and IPV-35, IPV-39 and IPV 41 through components of the Adolescent Friendly Medical Home/Bright Futures Model.

The project:

- Explored with NY Chapter 3 pediatricians and senior staff in the public and private foster care agencies responsible for working with transitioning teens, how they can best work together to help adolescents leaving foster care move into full -service young adult friendly Medical Homes.
- Created and delivered a webinar training curriculum for foster care workers on how to attach young adults to appropriate medical home practices. **What Foster Care Workers and Agency Staff need to know about Medical Homes for Youth Transitioning Out of Care** https://www3.gotomeeting.com/register/564939246
- Created and delivered a webinar training for pediatricians on how the foster care system works and what older adolescents and young adults may have experienced during their time in care. **What Physicians Need to Know About Young People Leaving Foster Care** https://www3.gotomeeting.com/register/897483102
- Designed structural and institutional supports for pediatricians and foster care workers to work together to create a clear path for youth to take from foster care to independence with the help of attachment to a medical home
- Piloted processes and procedures developed by stakeholder group
- Created and implemented a Logic Model for Referral of Young People Transitioning Out of Foster Care
- Revised, printed and disseminated Teen Health Care Bill of Rights (THCBOR) for teens in the foster care system. (More than 8,000 to date.)
- Created a large sized poster on Teen Health Care Bill of Rights with a bug allowing young people to download the booklet from an app on the poster. (More than 150 out in communities at this time.)

COLLABORATION

The Project's collaborative partners included:

- New York City Administration for Children's Services - the New York City Agency responsible for foster care, child care, adoption, juvenile justice, and all other child welfare services.
- The New York City Department of Health & Mental Health Bureau of Maternal & Child Health and Reproductive Health Care
- The Children's Aid Society - a very large foster care agency
- Children's Village – a very large foster care agency serving
- New York State Society for Adolescent Health and Medicine
- New York State District II Adolescent Medicine Task Force
- New York State District II Foster Care Committee
- Chapter 3 Adolescent Medicine Committee members
- Chapter 3 Children with Disabilities Committee
- Chapter 3 Early Care, Adoption and Dependency Committee
- AAP Council on Foster Care, Adoption, & Kinship Care Chairperson, Moira Ann Szilagyi, MD, PhD, FAAP provided consultation and support to the project.

All partners participated in both stakeholders' meetings, conference calls, logic model development and the creation and delivery of webinars.

The project was fully participatory. The working partner organizations continue to work together to assure that the process and supports for transitioning adolescents remain a priority of both the public and private foster care systems and the health care system that serves them.

EVALUATION AND MEASUREMENT

The evaluation was anecdotal. The chapter judged the impact by the number of people who attended the webinars, the number of booklets and posters that were distributed, and the number of pediatricians who became more interested and more engaged in creating adolescent friendly and young adult friendly practices. The chapter also worked with New York City and private agency partners to measure changes in their understanding and support for "Medical Home" referral for young people leaving foster care.

More than 100 pediatricians and social workers attended the webinars and another 120 pediatricians and social workers had access to the webinars in archive form (after the event). Over 8,000 Teen Health Care Bill of Right documents and more than 50 posters have been distributed. The chapter has not yet marketed the documents to the larger universe of agencies caring for teens in New York City, nor has the City Education Department been engaged.

The chapter is working on developing an education and marketing plan with American Academy of Family Physicians (AAFP) NYC Chapter to collaborate on behalf of this very challenging population. The Logic Model was designed with the NYC Administration for Children's Services was operationalized and that has had some very positive impacts on getting young people attached to a Medical Home.

OUTCOMES

This project has had a significant impact on creating greater understanding and more positive working relationships between pediatricians and family physicians and the social workers in both public and private sectors all of have a stake in caring for young people transitioning out of foster care.

The chapter estimates that the project has reached more than 150 physicians and more than 100 senior social workers over the life the project. That would translate into access to more than 8,000 young people in the system moving toward transition.

More than 8,000 booklets were distributed which explained a young person's rights and responsibilities in the health care service delivery system. The booklets were very direct about issues substance abuse, mental health, reproductive health and a young person's rights to confidentiality in New York.

BARRIERS AND LESSONS LEARNED

Challenges and barriers included the lack of history to support the foster care system and the children's/adolescent health system working together. Historically in NYC the foster care system operated isolated from other child serving systems. They had their own health services, education services and family support services. Over the last several years the Administration for Children's Services has been making efforts to bring other child serving systems to the table to discuss how we can all work together on behalf of these very complex youngsters. Our Chapter began working with ACS several years ago on these issues, but this project allowed the chapter to focus on getting the work done together.

The chapter was also challenged by member pediatricians who knew little about the foster care system, even if they worked in adolescent medicine. The project aimed to find a way to bring information about the lives of children in foster to them.

Bridging gaps was a key goal of the project. The Steering Committee allowed senior representatives from all stakeholder groups to work through how the chapter and other collaborators could work together for the health and wellbeing of young people transitioning out of foster care.

One of the unanticipated barriers was the recognition after the first face to face stakeholders meeting (which was attended by more than 35 senior representatives of public and private foster care and Chapter 3) that we would not be able to bring people together face to face for a conference as originally planned. Faced with the reality, we pivoted and made the decision to create and market the two webinars.

We learned that the work is hard, but that if we focus on goals, we can work through systems resistance, both external and internal.

FUTURE PLANS

The Stakeholder's Group plans to stay together and meet twice a year to check on how we are doing working across systems and attaching young people leaving foster care to Adolescent Friendly Medical Homes. We will also continue to discuss ways AAP, foster care agencies and ACS can continue to build partnerships to serve these youngsters and all the children in foster care. New York State (NYS) is now going through a process to move all children in foster care who are eligible for Medicaid into Medicaid Managed Care. The work we have done together on this project will inform that new work going forward.

Children's Dream Foundation contributed $5,000 to support the printing and mailing of THCBORs booklets and posters into the 2014-2015.

This model can be used in other AAP Chapters to create and maintain positive working relationships between foster care and pediatric primary care for youth transitioning to the community. The model can be also used to help all children moving in the foster care system to be attached to an appropriate medical home.

Building understanding between foster care and pediatrics is of high value to the continued health and support of children in the foster care system. They are often children with special needs and they require special care. They also have experiences that are different from children raised in a stable biological or adoptive family. Helping those in the foster care system understand the importance of Medical Home for these children is imperative to their continued health and wellbeing. Helping pediatricians understand the life experiences of children in foster care is critical to their ability to provide appropriate and effective health care.

NORTH CAROLINA CHAPTER
"Comprehensive Adolescent Health Screening"

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PROGRAM DESCRIPTION

The North Carolina Chapter project, "Comprehensive Adolescent Health Screening" has addressed the following objectives:

- A-7: Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property
- A-8: Increase the proportion of adolescents whose parents consider them to be safe at school
- A-9: (Developmental) Increase the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity.

This project aimed to address gaps in the delivery of primary care to adolescents who are at risk for health problems due to preventable and risky behaviors including social emotional health, depression, missed well checks and poor immunization rates. This was a collaborative effort to improve the care for adolescent patients in pediatric and family physician offices.

COLLABORATION

The NC Chapter partnered with the NC Academy of Family Physicians and Community Care of North Carolina in developing a Part IV MOC project titled "Comprehensive Adolescent Health Screening". The project was approved by the American Board of Pediatrics and the American Board of Family Medicine. Each professional organization offered sessions embedded in larger meetings to assist physicians to enroll and participate, recruited individual physicians to participate and recorded/archived the project so that it can accessed at any time during the approved project period by the respective specialty Boards.

EVALUATION AND MEASUREMENT

The 70 participating physicians completed 1,122 chart extractions in the project. The chart extraction data that was conducted at baseline, mid-way through the activity and post-activity for all physicians participating in the MOC Part IV project. The specific indicators collected were the use of a screening tool; BMI documentation; and vaccines.

OUTCOMES

As of June, 2014, there were 70 physicians from 55 practices who completed the Comprehensive Adolescent Screening project). This represents approximately 55,000 adolescents served by the participating 58 pediatricians and 12 family physicians. For the 6 quality measures pre- and post-test, outcomes were as follows:

1) A comprehensive screening tool for adolescents is used (e.g. GAPS or Bright Futures) improved from 39% to 90%;
2) A recall system for annual adolescent well visits improved from 26% to 52%.
3) Confidentiality discussed with the patient and recorded in the chart improved from 53% to 76%.
4) BMI routinely measured improved from 95% to 100%
5) Discussion documented re: social-emotional and risky behaviors improved from 89% to 100%
6) Immunizations administered were measured at 100% pre- and post-test .

These are outcomes are commendable and demonstrate the potential to improve adolescent health care in every participating practice.

BARRIERS/LESSONS LEARNED

The NC Chapter and the NC Academy of Family Physicians successfully recruited members to participate but not as many physicians as predicted signed up to complete the course by the conclusion of the grant period. This project occurred during a period of rapid expansion of the number of Part IV MOC projects available to physicians by the respective Boards but we are gratified to have 70 active physicians who completed the Comprehensive Adolescent Screening MOC Part IV project.

FUTURE PLANS

The Part IV MOC "Comprehensive Adolescent Health Screening" continues to be accessed and completed by physician members in the NC Chapter and the NC Academy of Family Physicians at no cost to chapter members. Anecdotally, the presenters for the individual sessions on the adolescent health and/or the measures have experienced a number of follow-up contacts and inquiries about adolescent care by the original participants in the project. The chapter continues to recruit members for participation among the membership of the NC Academy of Family Physicians and the NC Chapter.

RHODE ISLAND CHAPTER
"Medical-Legal Partnerships Foster Healthy Transitions"

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PROGRAM DESCRIPTION

Medical Legal Partnerships addressed Adolescent Health Priority AH-4: Increase the proportion of adolescents and young adults who transition to self-sufficiency from foster care. The Rhode Island Medical-Legal Partnership (RIMLP), Foster Forward (formerly the Rhode Island Foster Parenting Association) and Hasbro Children's Hospital worked collaboratively to address the specific needs of youth transitioning from foster care in Rhode Island to community. This assessment was done through the Medical-Legal Partnership (MLP) perspective. The MLP integrates the expertise of health and legal professionals and staff to address and prevent health-harming social and legal needs for patients, clinics and populations. The RIMLP works onsite at Hasbro Children's hospital to provide legal services to Hasbro's pediatric clinic. Since 2011, the RIMLP has served over 600 patients and their families providing support to improve and abate unsafe housing conditions, to prevent homelessness, to maintain family unity, to stabilize household financial insecurity, and to create immediate access to basic rights counseling to patients on issues related to education, immigration, employment, and benefits. RIMLP's scope encompasses legal issues that commonly contribute to the health outcomes of youth transitioning to the adult community.

The goal was to summarize findings in a white paper and begin the planning process to address gaps and opportunities for improving the system. To that end, the assessment team was expanded to include input from state agencies such as the Department of Children, Youth and Families ("DCYF"), as well as the Departments of Health, Education and Human Services (Medicaid), as well as youth and young adults.

The project initially proposed the following tasks:

1. Bring stakeholders together to first define successful transition
2. Agree on the metrics and tracking of transition
3. Undertake a gap analysis/needs assessment for Rhode Island transitioning youth

The first task was completed early on in the granting cycle. The key partners were identified and representative stakeholders were contacted. A literature review of what nationally had been identified as successful transition and best practices was conducted. The findings were subsequently presented to a stakeholder group for further discussion on metric definition and evaluation. The discussion was augmented by continuing discussion with the key partners as well as other transitioning youth service providers, such as the Youth Establishing Self-Sufficiency (YESS) aftercare program.

To facilitate the completion of the second task, the key partners identified a need to develop a framework to best map the nexus between health, legal and policy aspects of transitioning youth.

To complete the final task, the Medical-Legal Partnership Foster Healthy Transitions partners convened a stakeholder meeting with key partners and DCYF. This discussion identified a gap in knowledge regarding the Affordable Care Act (ACA) and insurance coverage for transitioning foster youth. The framework was reassessed to include relevant portions of the ACA and the impact on transitioning foster youth.

COLLABORATION

The Rhode Island Medical Legal Partnership, Hasbro Children's Hospital, and Foster Forward engaged in a number of meetings to effectuate the outlined goals. Meetings were convened onsite at Hasbro Hospital and Foster Forward. Several meetings were also convened with RI DCYF leadership. The varied perspectives of the collaborative partners established an interdisciplinary approach engendering a strong output of ideas and strategies.

EVALUATION AND MEASUREMENT

The program focus was to develop a set of recommendations that once implemented would have a systems wide impact on transitioning foster youth. To that end, the project adhered to the guidelines and goals were met by meeting with key partners and stakeholders.

OUTCOMES

The goal was to conduct a needs/gap assessment of Rhode Island foster youth transitioning out of care. The assessment examined the major components affecting successful transition of foster youth. The issues of access to health care, pregnant/parenting youth legal and health needs, mental health and disability care and access, permanency planning and judicial action, juvenile justice, and long term housing stability were explored. The completed framework encompassed the aforementioned issues and contextualized them within a broader understanding of national policy and best practices. As such, the framework can be a tool for further policy development by law makers, state agencies, foster care advocates, and others community members. RI DCYF participation further deepened the understanding of the gaps assessment. Consequently, DCYF has made commitments to further assess and contribute to furthering the development of the framework.

BARRIERS/LESSONS LEARNED

The program relied on an inter-professional approach to understand key barriers to successful transitioning foster youth. The program relied on accessing medical professionals, non-profit service providers, and state employees. Collaboration among these actors was friendly and cooperative, and remains so. However, logistically coordination was difficult given the pressing responsibilities each of the partners managed as well as the complex work time requirements of the Rhode Island Department of Youth and Families. Nonetheless, the work was accomplished and the attached framework reflects the diligence and contribution of the key partners and stakeholders.

FUTURE PLANS

Over the course of the development of the Medical-Legal Partnerships Foster Healthy Transitions framework, the Jim Casey Youth Opportunities Initiatives contemporaneously established its own *Practice Pathway Tool*, an assessment tool measuring the progress of transitioning youth. Future work on the Medical-Legal Partnerships Foster Healthy Transitions framework, a Rhode Island specific tool, will include further evaluation against the backdrop of the recently developed national model.

Further, this project created a medical-legal assessment that identifies major components affecting successful transition of foster youth out of care. Through the course of partner and stakeholder meetings, tactics were discussed to identify funding sources. Long term relationship building was fostered in particular with RI DCYF that will be foundational in creating formal funding strategies to continue this work. RI DCYF has already committed to further engagement and support of this project.

EDs at-a-glance

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AAP ADOLESCENT HEALTH RESOURCES

Section on Adolescent Health

The Section on Adolescent Health (SOAH), founded in 1978, provides an educational, representative forum for pediatricians who are interested in the health care of adolescents, and enables members to meet for the purpose of initiation, discussion and development of ideas and programs which will improve the health care of young people in their second decade of life. It provides an educational forum for the membership at large in expanding their basic pediatric knowledge and skills to include the adolescent patient.

The SOAH sponsors educational programs for its members and for AAP members-at-large during the AAP National Conference & Exhibition (NCE). At each NCE, the SOAH holds a business meeting, which provides an opportunity for input from the members of the SOAH to the Section Executive Committee.

Visit http://www2.aap.org/sections/adolescenthealth/default.cfm# to join the section!

Committee on Adolescence

The Committee on Adolescence addresses the special health care needs of adolescents and promotes the pediatrician as their optimal source of health care. The Committee monitors and makes policy recommendations to the Board of Directors on issues surrounding vital adolescent health issues, including reproductive and sexual health care; identification and prevention of Chlamydia and other STIs; improving health care delivery in the juvenile correctional care system, and the provision of confidential health care services. The committee works closely with the Section on Adolescent Health (SOAH) to bring policy and education together.

To view the most current COA roster and policy statements please visit:
http://pediatrics.aappublications.org/cgi/collection/committee_on_adolescence

AAP FOSTER CARE RESOURCES

Council on Foster Care, Adoption, & Kinship Care

Mission Statement:
The Council on Foster Care, Adoption, & Kinship Care (COFCAKC) was formed in 2011 when the Section on Adoption and Foster Care (founded in 2000) merged with relevant parts of the Committee on Early Childhood, Adoption, and Dependent Care, and the Task Force on Foster Care. It is dedicated to improving the health and well-being of children and youth in foster care, kinship care, and those who have been adopted. COFCAKC membership is open to all Fellows and Residents of the AAP.

Affiliate membership is available to international (physician) members and allied health professionals, including physicians' assistants, NPs/LPNs, RNs, speech and language pathologists, occupational and physical therapists, psychologists, social workers, and educators involved in providing care to and/or researching health issues related to foster care, kinship care, and/or adoption of infants, children and adolescents, and who are interested in contributing toward the objectives of the Council.

Come share your professional goals and expand our mission; become a Member of the AAP Council on Foster Care, Adoption, and Kinship Care!

Click here to join: http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Pages/Online-Council-Section-Membership-Application.aspx

Healthy Foster Care America (HFCA) is an initiative of the AAP and its partners to improve the health and well-being outcomes of children and teens in foster care. Partners have included representatives from child welfare, family practice, social work, nursing, government, the legislative and judicial fields, child psychiatry and psychology, education, advocacy organizations, alumni, and families.

HFCA partners first met in Washington, DC, in April 2005 with the goal of fostering collaboration among the various disciplines working with children and teens in foster care in an effort to develop a collaborative action plan to improve the health and well-being of these children. The coalition partners affirmed that our collaborative and combined voice on behalf of children, teens, and families is more powerful than any 1 voice alone. - See more at: http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/About-Us.aspx#sthash.Uj3NN20S.dpuf