# University of Massachusetts UMASS. Medical School

### Introduction

The Foster Children Evaluation Service (FaCES) Clinic serves as the first healthcare checkpoint for children entering foster care and provides both primary and mental health care.

Despite offering access to medical and mental health care, the youth seen at FaCES repeatedly struggle with appropriate school services that directly impact their emotional health, especially for those youth with more significant mental health needs. Children involved with child welfare often have poor school outcomes including consistently low math and reading achievement scores (Berger, Cancian et al. 2015), high likelihood of repeating a grade, and lower high school graduation rates (Barnow 2015).

### Objectives

. Understand how FaCES operates an integrated mental health arm of a medical evaluation program to address the physical, mental, emotional needs and now educational health needs for youth in foster through the Transforming Healthcare to Resource Education Service (THREdS) program

2). Define a pathway for how the education navigator (EN) can obtain information from the school and report medical and mental health information back to the school

3). Develop a resource roadmap that would navigate patients and foster parents to school and community based educational resources

## Methods

Approximately 5 FaCES patients with significant mental health needs were tracked. Their academic needs and use of resources were identified. The THREdS volunteers attempted to obtain collateral information from various sources. A preliminary analysis of the THREdS volunteer communication logs was done to determine how the efforts of the volunteers outreach to multiple sources compared to the collateral information gathered from a source. Meetings with members of the FaCES Clinic, community organizations, and school representatives were held to spread awareness and form connections.

# Educational Navigation for Youth in Foster Care: A Summer Pilot Aimed at Building Pathways for Educational Success and Mental Health Resiliency within an Integrated Care Clinic

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### Results

1. Created a FaCES Clinic website that serves as a resource center for foster parents and families, as well as clinicians



Developed handouts for foster parents & caregivers on the following topics:

- ✓ What are my signing rights and responsibilities?
- ✓ What is the best interest determination collaboration?
- $\checkmark$  What is the difference between an IEP and 504?
- ✓ How do I initiate a special education evaluation?

2. Defined a 3-tier system of service intensity that will be provided by the education navigator



### High

-Child accesses Safe & Sound services

-Interplay between school and MH needs

### EN's Tasks

-Supports caregiver when there are multiple concerns (e.g. changing schools to a less restrictive environment, request for Ed GAL)

-Connects child and caregiver to specialized community resources like CASA and Community Legal Aid

### Low

-Child does not need Safe & Sound services

EN's Tasks

-Reconnecting child, caregiver w/ school system

-School enrollment

-Connecting child to community-based resources

### Medium

-Child accesses Safe & Sound services

-Interplay between school and MH needs

EN's Tasks

-Facilitate transfer of information to and between MH clinic and schools

-Supports caregiver with making initial request for special education evaluation

THREdS: Transforming Healthcare to Resource Education Services



Addressing the educational needs of children in foster care www.umassmed.edu/faces

### 3. Preliminary data collection from 5 case studies: Why do we need an EN?



The vulnerabilities of the foster youth stem in part from a childserving system of care that often creates silos, making collaboration and communication difficult. The creation of the EN position can help link the local educational system to the FaCES medical and mental health care program. This link allows the academic needs of a high risk population to be better addressed in collaboration with an integrated care setting, ultimately promoting better outcomes and resiliency.

### Website

## **Preliminary Data Collection**

- crucial

I am very grateful to work with the FaCES team, including our volunteers, this summer. This team's dedication and enthusiasm to the clinic's mission and to their patients is admirable. Many thanks to my mentors, Dr. Forkey and Dr. Morgan, who have expanded my understanding of what it means to be a physician. I am also grateful to Dr. Haley and Dr. Cashman for their guidance through the Summer Service Learning Assistantship Program.

Barnow, B. S. "Effective services for improving education and employment outcomes for children and alumni of foster care service: correlates and educational and employment outcomes Effective services for youth in foster care." Child & family social work **20**(2): 159-170.

Berger, L. M., M. Cancian, E. Han, J. Noyes and V. Rios-Salas (2015). "Children's academic achievement and foster care." Pediatrics **135**(1): e109-116.



### Conclusions

### Next Steps

• Translate resource documents created for foster parents and families to increase accessibility to non-English speakers • Develop new podcast and video content to help foster parents, and more broadly individuals who interact with foster kids (e.g. teachers)

Initiate a search engine optimization project

• Continue analyzing THREdS volunteer logs, and use data to explain to potential funding sources why the role of an EN is

### Acknowledgements

### Literature Cited