

## Saying 'Goodbye' to the Pediatrician: Trick to Treat

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## Trick or Treat

- Getting Prepared
  - Why is it important?
  - Statistics
  - Health Issues
- Event Time
  - Changing Youth to an Adult medical Home
  - Items/Skills Needed
  - Special populations
  - Resources



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## GOALS

1. Participant will be knowledgeable about the health issues of youth in foster care.
2. Participant will be equipped to assist youth to make the appropriate transition to adult care.

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**Why is it IMPORTANT that the transfer works?**

A normal response is that they don't need any help transitioning.

Risk Factors for poor outcome are too great!! Possibilities of homelessness, homelessness, substance abuse, pre-existing mental health, unemployment and underemployment and lack of education.

Why we do what we do?

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**Why is it IMPORTANT that the transfer works?**

- We CAN make the difference!!!!
  - Great opportunity for direct cause & effect.

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**STATISTICS**

30-40% of youth that are in the age group to transition out of foster care have mental health problems  
Greater than 1/3 have a chronic illness or disability  
*Northwest Foster Care Alumni Study -*  
2 had 0% of kids who are aged out ~~that~~  
~~that~~ had medical or dental services in the last year

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## Health Issues

AAP: Chronic Illnesses-This population has 3-7 times as many chronic health conditions, and mental health/behavioral problems

Conditions like asthma, diabetes, sleep/arousal problems, hypertension, obesity complications, poor nutritional complications

Conditions like PTSD, reactive attachment disorders, depression, bipolar disorder

Conditions like learning disabilities, ADHD, autism

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## Time to Go



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## ITEMS/SKILLS NEEDED TO TRANSITION

Properly signed up for TennCare and know when to update

Initial phone call or visit with medical, dental or mental health provider as CONSUMER, not minor child

Proper ID

Insurance card

Changing Medical Homes

Transfer of records

Family History\* (DCS)

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**THINGS NEEDED TO  
TRANSITION**

**Changing Medical Homes (continued)**

- Immunization Record (DCS)
- List of Current Medications- drug allergies & adverse side effects (DCS)
- Proper referrals
- Emergency contact

**Changing Dental Home-**

- Need records & images (DCS)
- Need list of adverse side effects or allergies (DCS)
- Management of fear/pain/expectations

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**THINGS NEEDED TO  
TRANSITION**

**Changing Behavioral Health Homes**

- Need copy of records (DCS)
- Need copy of treatment history (DCS)
- Need list of adverse side effects or drug allergies
- Emergency Contact

**Changing (if O) a Reproductive Health Provider**

- Transfer of records
- Family History\* (DCS)
- Immunization Record (DCS)
- List of Current Medications- drug allergies & adverse side effects (DCS)

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**THINGS NEEDED TO  
TRANSITION**

**Changing (if O) a Reproductive Health Provider (continued)**

- Proper referrals
- Copy of Reproductive history (DCS?)

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**TIPS FOR SPECIAL POPULATIONS**

- Need Power of Attorney/Conservator
- Building Independent skills for engaging with providers
- Need all the aforementioned items/skills

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**RESOURCES**

- Websites:
  - <http://pediatrics.aappublications.org/content/130/6/1170>
  - <http://www.vanderbilt.edu/tapathfinder>
  - <https://ioe.org/ioe/2008august/WE.php>
  - [http://trace.tennessee.edu/cgi/viewcontent.cgi?article=2660&context=urc\\_4nashonc070](http://trace.tennessee.edu/cgi/viewcontent.cgi?article=2660&context=urc_4nashonc070)
- Handouts

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**QUESTIONS**



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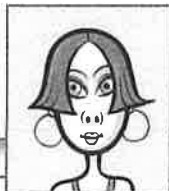
# I'm getting ready for my next move—into adulthood!

I have a big birthday coming up. I leave foster care. Freedom!

Too much freedom.

When you're in the system, somebody is always telling you what to do or where to go. I was afraid I would have to figure it out by myself.

But I won't. **I have a team to help me get ready.**



My caseworker is going to be on my team. She wants me to succeed. And by law,\* **I have a right to help getting ready for adulthood.** Either my social worker or somebody else in the system has to help me.

I'll also include on my team some other adults that I connect with. They might be

- A family member
- A teacher or coach
- An adult friend
- A doctor
- Another professional, such as an attorney or a religious leader

You should put together a team too!

It's my life. I should have a say in how I live it. That's why **I'm making a transition plan.** With my team's help, of course.

*Transition* means to make a change. Being in charge of my own life is a big change. I'll do better if I make a plan.

It seems crazy that I need to start my transition plan now because I'm not leaving foster care for months. But there's a lot to figure out, such as

- Where I will live
- How I'll get a job
- Where I'll go to school
- Transportation to job and school
- Health insurance
- Where I can find mentors and other support



There are a couple of other important things I need to plan. **I need to figure out who will be my emergency contacts.** These are the people I can call if I need help in the middle of the night or in some other tight situation.

**I also need to complete a legal form that names my power of attorney.**

That's a person I choose. He or she makes decisions for me if I am very sick and can't take care of myself.



That's a lot of planning. I'd better get started!



\*The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires the system to help youth develop personalized plans in the 90 days before they age out of foster care.



# I'm making plans so I stay healthy as an adult.

**I need to sign up for my own health insurance**, even though I'm healthy. Insurance will help me pay the doctor if I ever get sick. It will help pay hospital bills if I have an accident.

It can cover mental health and addiction treatment. It will help pay for care of my ongoing health issues. It covers wellness visits too, so that I stay healthy.



I can stay on Medicaid until I'm 26 because I'll be on it when I age out. But **I do have to sign up for a new Medicaid plan.** I can get help at HealthCare.gov: [www.healthcare.gov](http://www.healthcare.gov).

Or I can call 1-800-318-2596. I will tell them that I'm in the foster care system and on Medicaid now. They will help me find the right plan.

You can go to HealthCare.gov to find a health plan too, even if you don't qualify for a Medicaid plan. They can help you find some other kind of plan.

Some businesses offer health insurance to their workers. If for some reason you don't qualify for Medicaid, you may want to **check with your employer to see if they have an insurance plan that works for you.**



Here's a piece of advice I can pass on to you. If you move to a new doctor, **try to get a medical home.**

That's *not* a place where you live. A medical home means that one person coordinates your care. The coordinator makes sure that all your care providers share information. That's so they don't give you conflicting care or overlook treatment you need.

The coordinator also helps you connect with all the services and supports you need to stay healthy and manage on your own. Medical homes are really helpful to patients with special needs. That describes me—I'm moving out of foster care, which is pretty complicated.

So when I sign up for my health care, I'm going to ask questions. I'm going find out if I can get my care through a medical home.

I can't kick back yet—there's more to do! →



I'm pulling together all the medical information I'll need.

Before I go out on my own, I need to get a lot of information from my doctor. This includes

- A form that describes my current health and shows I am up to date on my shots
- A list of my meds that includes the doses I take and information on why I take each med
- Copies of all my prescriptions

I also need a copy of my medical records. This covers all the medical care I've had since I was young. It's a lot of information, so they will probably give me my records on a CD or in a folder.



Before my next appointment, I'm going to call ahead to ask for all of these things. That way, they can have it ready when I come in.

I'm going to keep all this in a safe place. I'll take it with me when I start with a new doctor.



Diabetes runs in my family. My new doctor will want to know that. So I want to make sure I have a copy of my birth family medical history.

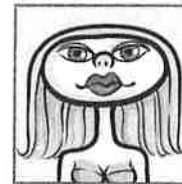
I'm going to ask my caseworker to get me a copy from my files. If there isn't one in there, I'll ask the caseworker to help me put one together.



When I went to the dentist, I asked for his phone number.

I put that in my phone. I need it so I can make my next dental appointment.

I'll have to make all my appointments when I'm on my own—doctor, dentist, and counselor. One of the joys of adulthood!



Now for the fun stuff... →





# I'm learning what I need to know so I can succeed on my own.

I've never lived by myself. I don't even know how to pay rent. So I'm taking an independent living class. At first I thought, another class? No thanks! But this one's worth it. I learn a lot of things, such as how to

- Pay bills
- Shop for groceries
- Make my own doctor appointments
- Get prescriptions
- Keep healthy

You should see if you can get into a class like this. Talk to your caseworker!



Before I go out on my own, I need a copy of 3 important forms. These are my

- Birth certificate
- Social Security card
- High school diploma or GED certificate

I need these things to apply for jobs, schools, and government benefits. I'm going to ask my caseworker for copies of these documents. They should be in my files. If they're not there, I'm going to ask her to help me apply for new ones.

Oh—I also need a government-issued photo ID. I'll ask my caseworker for help in getting one.

Here's another good tip: see if you can apply for transitional housing. The rent is pretty cheap. Plus you get help with bills and groceries. You are on your own. But there are people who check in on you.

It's a good deal. You have to keep by the rules, but it's a great way to move into the world. Ask your caseworker how to apply.

These Web sites have been really helpful to me. They may be helpful for you too.

The FosterClub Transition Toolkit  
[www.fosterclub.com/\\_transition/article/transition-toolkit](http://www.fosterclub.com/_transition/article/transition-toolkit)

It's a road map for making plans for life after foster care.

The Transition Club  
[www.fosterclub.com/\\_transition](http://www.fosterclub.com/_transition)

This is an online place to meet other kids preparing to live on their own, just like me.

Foster Care Alumni of America  
[www.fostercarealumni.org](http://www.fostercarealumni.org)

You can link up here with other adults who used to be in foster care.

HealthCare.gov  
[www.healthcare.gov](http://www.healthcare.gov)

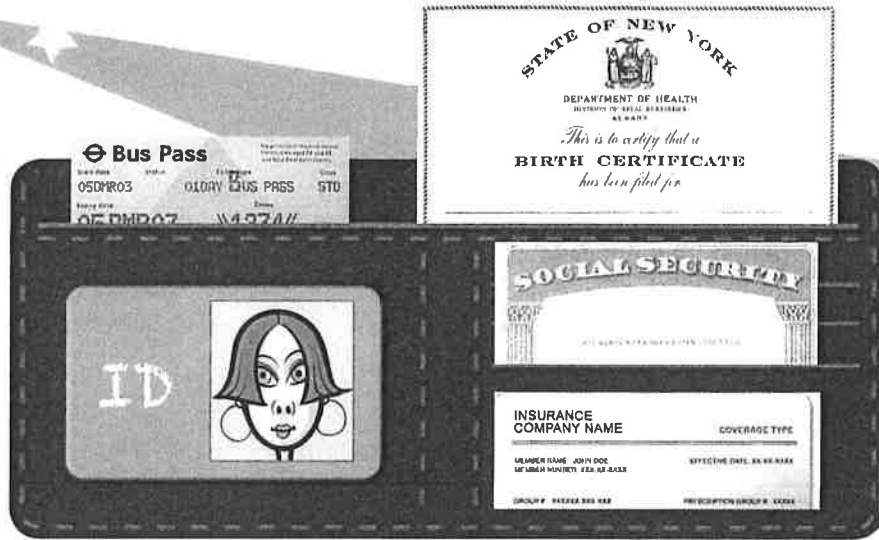
This is where you can get health insurance.

What I need is a checklist!





OK, big world,  
here I come!



## What I need

- Emergency contact information
- Power of attorney form
- Health insurance card
- Bus pass (or other plan for transportation)
- Contact information for doctor, dentist, and counselor
- Current medical history form
- Meds list
- Medical records
- Birth certificate
- Social Security card
- High school diploma or GED certificate
- Government-issued photo ID

Good  
Luck  
to us!



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Healthy Foster Care America



The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Please note: Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this brochure. Web site addresses are as current as possible, but may change at any time. Copyright © 2014 American Academy of Pediatrics



TO: Custodian of records

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM:

\_\_\_\_\_  
Full Name of Practice  
\_\_\_\_\_  
Contact Person  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

RE:

\_\_\_\_\_  
Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_

For the purpose of continuity of care of the above-named patient, I \_\_\_\_\_,  
the above-named patient or guardian of the above-named patient, hereby grant  
\_\_\_\_\_ name of practice  
permission to release to the above designated custodian of records the items checked below:

- Summary of medical history
- Medications
- Laboratory reports
- Communication necessary to coordinate ongoing care
- Immunization record
- Other: \_\_\_\_\_

I understand that this consent allows release of the designated records for the following period:

- Until one year from today's date
- Through the current school year
- Other (specify): \_\_\_\_\_

I also understand I may revoke this consent in writing at any time, but that such revocation becomes effective only when received by

\_\_\_\_\_ name of practice  
and that disclosure made before such revocation is received is not affected.  
\_\_\_\_\_ name of practice

clinical and administrative staff maintains patient confidentiality in strict compliance with state and federal laws. These practices are supported by policies and procedures. These procedures are reviewed and, if necessary, revised on a regular basis. We will ensure that HIPAA regulations on re-disclosure are followed. However, after the information leaves this clinic, we cannot guarantee privacy protection of your health information.

Refusal to sign this request will not in any way interfere with the patient's ability to access treatment at this facility.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Patient or Parent/Guardian

Printed name: \_\_\_\_\_ Witness: \_\_\_\_\_

Note to recipient of record:  
Should the records contain reference to drug or alcohol abuse/treatment, the confidentiality of this information is protected by federal law (F Regulation 42CFR part 2).





TO: Custodian of records

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM:

\_\_\_\_\_  
Full Name of Practice  
\_\_\_\_\_  
Contact Person  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

RE:

\_\_\_\_\_  
Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_

For the purpose of continuity of care of the above-named patient, I \_\_\_\_\_, the above-named patient or guardian of the above-named patient, hereby grant the above designated custodian of records permission to release the items checked below to

\_\_\_\_\_ name of practice \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Psychological evaluation                             | <input type="checkbox"/> Medical/psychosocial history             |
| <input type="checkbox"/> Social history/guidance counseling records           | <input type="checkbox"/> Immunization record                      |
| <input type="checkbox"/> IEP/IFSP/504 plan/education records                  | <input type="checkbox"/> Laboratory reports                       |
| <input type="checkbox"/> Academic/EOG test results/academic placement         | <input type="checkbox"/> Mental health/substance abuse evaluation |
| <input type="checkbox"/> Attendance/behavior/grade reports                    | <input type="checkbox"/> Medications                              |
| <input type="checkbox"/> Classroom observations/teacher comments              | <input type="checkbox"/> Care plan                                |
| <input type="checkbox"/> Behavior scale(s) _____                              | <input type="checkbox"/> Treatment summary                        |
| <input type="checkbox"/> Cumulative health record (including medical reports) | <input type="checkbox"/> Discharge summary                        |
| <input type="checkbox"/> Communication necessary to coordinate ongoing care   | <input type="checkbox"/> Other: _____                             |

I understand that this consent allows release of the designated records for the following period:

- Until one year from today's date
- Through the current school year
- Other (specify): \_\_\_\_\_

I also understand I may revoke this consent in writing at any time, but that such revocation becomes effective only when received by the above-designated custodian of records and that disclosure made before such revocation is received is not affected.

\_\_\_\_\_ name of practice \_\_\_\_\_

clinical and administrative staff maintains patient confidentiality in strict compliance with state and federal laws. These practices are supported by policies and procedures. These procedures are reviewed and, if necessary, revised on a regular basis. We will ensure that HIPAA regulations on re-disclosure are followed.

Refusal to sign this request will not in any way interfere with the patient's ability to access treatment at this facility.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Patient or Parent/Guardian

Printed name: \_\_\_\_\_ Witness: \_\_\_\_\_





Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date into FC: \_\_\_\_\_

Current health conditions/issues (acute and chronic):

Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other concerns (home, school, community): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Immunizations (administered or provided):

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Referrals			
Where/Who	When	Contact Info	Addressing which issue?

Services Recommended		
Provider	Contact Info	Addressing which need?

Treatment plans: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Health care facility: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Clinician: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next appointment here:

