

## A Medical Home for Foster Children: the Family Outreach Support Clinic

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The Family Outreach Support Clinic (FOSC) is a collaboration of our Primary Care clinic and the Center for the Vulnerable Child (CVC), departments within Children's Hospital & Research Center Oakland (CHRCO) that serve the community of the East Bay of the greater San Francisco Bay area in California. This special clinic was created when our doctors recognized that foster children require a multi-disciplinary approach to address their vast array of needs. In the FOSC clinic, the doctors and case managers work together to provide comprehensive pediatric care and case management to foster families.

We often meet the child when he is first beginning his journey through foster care. Referrals come from foster parents, child welfare workers, public health nurses and other doctors. The children range in age from birth to teens. With two half day clinics per week located in our Primary Care clinic building, we are able to follow close to 300 children. Cultural issues are salient

in our consideration of each family as our community is extremely diverse. (CVC has a cultural task force with its aim of fostering accountability in all staff persons). Along with health issues, we also evaluate development, school performance, and mental health. The FOSC physicians guide and educate care givers, carefully weighing cultural norms and the emotional symptoms that are often interwoven with physical issues (such as in eating habits, sleeping, toilet training, etc). We communicate frequently with county child welfare workers so they can make better informed placement decisions for the child. If and when this child moves to a new foster placement we strive to continue their medical care in FOSC. We follow a large number of children we met in their temporary foster homes as babies, and now continue to see as they grow up with their kinship care givers, reunified birth parents or with their adoptive parents.

Consider the example of William who came to our clinic as a severely abused infant with a fractured cranium and broken bones. Once his casts were removed, we coordinated physical therapy, speech

therapy along with his care in neurology and orthopedic departments. We referred him for early intervention in preschool when the time came. In later years we joined his care giver at school special education meetings. When these services were threatened to be cut in middle school, we again advocated for his eligibility based on the learning disability stemming from his earlier brain trauma. We arranged for play therapy when he was a boy; now again as a teen due to bullying he endures in high school. The FOSC clinic has been his medical home for 16 years.

Each developmental stage can bring new challenges for foster and adopted children. A child may be quite stable and happy at one stage but this does not prevent him from re-visiting his experience of grief or past trauma at future developmental stages, particularly in adolescence. Having known the child for many years, we can help the care giver keep this in perspective. Case managers often provide informal short term counseling in the scope of our roles.

With often fragmented knowledge of the child's history, we rely on

the foster parent's expertise as to the child's symptoms, behaviors, responses to treatment and progress on many levels. Their contribution to the child's sense of safety and belonging cannot be underestimated. The "fit" between the child and the foster parent is the relationship where the child is learning about himself and the world. We offer bi-monthly foster parent continuing education classes covering a host of health and behavioral issues, and a new adoptive parent support group.

We also welcome the involvement of the birth parent when this is possible. Just as the foster parent teaches us about the child in his present circumstances, the par-

ent teaches us about his past, his family of origin, his culture and the primary relationships of the child's life so far. By drawing the parent into his present healthcare and treatment issues, we can better serve the child and build on their relationship.

In foster care the child's life has turned upside down with multiple losses. Fragmented care exacerbates the losses and is detrimental to his overall well being. On-going and comprehensive care such as that provided by FOSC is essential for healing. It is our great pleasure to observe many children heal and thrive, attending FOSC for years until young adulthood – a true medical home.

*Peggy Pearson, MFT has served for twenty years as a senior case manager in the Family Outreach Support Clinic, part of the Center for the Vulnerable Child, Children's Hospital & Research Center Oakland. Her earlier back round includes hospice social work and child welfare work. She works collaboratively with doctors and care givers of foster children in a clinic designed to meet their complex medical, developmental and mental health needs. From this work evolved her coordination of bi-monthly continuing education classes for care givers on topics pertinent to foster parents, kinship and adoptive parents, as well as monthly trainings for the child welfare workers of Alameda County.*

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