

# Fostering Hope

*Children in foster care often have health needs that are complex and expensive to treat, even for the most concerned foster families. In Tulsa they can turn to a clinic operated by the OU School of Community Medicine.*

BY MISSY KRUSE





**F**ive-year-old Joe Jones (a privacy pseudonym) was a newborn when his Tulsa foster family welcomed him into their home. It was love at first sight. But fostering does not always mean permanence. At 15 months, the baby returned to his mother. The Joneses were devastated.

Things did not go well at Joe's birth home. Although his mother had completed a treatment plan that should have made her able to care for Joe, old patterns returned—drug abuse, domestic violence and physical abuse now directed at the toddler. Not quite two years old, Joe returned to his foster family.

"They were more than willing to take him," says Dr. Sarah Passmore, medical director of Fostering Hope Clinic, operated by the University of Oklahoma School of Community Medicine at OU-Tulsa.

But the damage had been done to this once-happy boy. What he had witnessed, what he had experienced saddled him with severe behavior issues. Today, he still needs psychiatric care and therapy.

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Fortunately, the Joneses were able to adopt him and his younger brother and are working to give them a caring home. But it is a case that will always haunt Dr. Passmore, whose team at Fostering Hope Clinic has seen Joe since he was first fostered.

Through all his trials, the one constant for Joe has been the care he receives at the clinic, which deals exclusively with children in state custody. Because they may be shuttled from place to place—a shelter, a foster home, the birth home—a child's health needs, perhaps already ignored by their parents, can suffer. It is also expensive.

Fostering Hope's goal is to provide "a medical home to foster children in northeastern Oklahoma, to ensure continuity in health assessments, diagnoses and treatment," according to an OU Department of Pediatrics program statement. Although any foster child in the area is welcome, most children live in Tulsa County.

**F**ostering Hope partners with other child welfare agencies and organizations and is a purely voluntary effort to help assure this special population gets the medical care it needs. Foster parents often learn of the program from other foster parents or from Oklahoma Department of Human Services (DHS) caseworkers.

The cases are what the clinic calls "medically complex." Often children arrive at Fostering Hope with multiple problems arising from abuse and neglect that may include undiagnosed or untreated health problems or social and emotional problems that result in delayed development.

In one case, a frantic and weary foster mother brought in a baby who had not stopped crying for 23 of the 24 hours she had him, indeed, from the moment he had been removed from his

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home. The reason: "First, he was traumatized, but he also had a strep infection nobody had ever looked at," says Dr. Passmore.

Consequently clinic staff spends much longer than the usual 15-minute visit with each of their small patients. To diagnose and understand what's really going on, the medical team may devote over an hour to each child. Medicaid covers only that first 15 minutes; the remaining expense is absorbed by the clinic. Foster fami-

lies also are welcome to bring their biological children to be seen. (Annually it costs approximately \$325,000 to run the clinic; it bills about \$190,000.)

As each child's medical home, Fostering Hope coordinates his or her care and helps monitor developmental and behavior progress. Its services include medical, mental health, nutritional, developmental and legal assistance, provided by OU-Tulsa's pediatrics staff and agencies such as the Parent Child Center of Tulsa, which can facilitate connections to child psychotherapists.

Once foster children become patients, they will remain in the clinic's care for the duration of their time in state custody and/or when they are returned to their biological families, until they reach adulthood.

The program was started by Dr. Deb Shropshire, an OU pediatrician, in Oklahoma City at the University of Oklahoma School of Medicine, says Dr. Passmore. "She made good headway with DHS and Medicaid, and had a DHS worker who would come to the clinic and help them find information about foster children."



Photo provided

Dr. Shropshire then came to Tulsa to institute the program for OU School of Community Medicine, working with OU pediatrician Dr. Paulette Bennett. The clinic opened in 2009 and has seen 864 patients each year. The goal is to see 2,592 patients each year over the next two years. Eventually, Dr. Passmore took over the reins running the program with fellow pediatrician Dr. Michael Baxter.

Drs. Passmore and Baxter are not only board certified in pediatrics, but also among the first certified in the new specialization of Child Abuse Pediatrics. For Tulsans, this should be no surprise. Child abuse prevention efforts have been a significant community initiative in the city for decades. Among the earliest proponents is nationally recognized child abuse and neglect expert Dr. Robert Block, who wrote most of the CAP certifica-

the parents improve their life, family and social skills, so that children can return home. "One of the hardest things for me to learn was that reunification was not always the best thing," says Hawkins, noting, "Our primary goal is to advocate for the child, no matter what group they are calling 'family' at the time."

The wrong place for a child may be their bio home or the foster home, she says. Just because a grandmother or aunt is willing does not mean they are able. The key is to decide what is right for the child.

Fostering Hope can help only a portion of the children in need. In Oklahoma, approximately 8,000 are in state custody. Of those, 57 percent are age five and under. In Tulsa County, 500 children are in foster care, most in that under-5 age group.

"That's really a critical time for brain development; a critical time for attachment," says Stacey Leakey, an infant mental health community consultant with the Parent Child Center, who works with Fostering Hope. "That's 500 brains not developing and having severe adversity," she says, adding that there are probably 500 more not in foster care or shelters in similar situations.

That's where the team effort and diverse perspective of the Fostering Hope Clinic helps, she says. Babies with health needs, domestic violence and drug abuse "tend to hang out together unfortunately," she says. "One the brilliant things about Fostering Hope is we are trying to take complex needs and deal with them all in one spot" with a team

of experts across medical, mental health, legal and other disciplines.

Together "they can tap each other's perspective," she explains. "We get the picture of the family much quicker and are able to meet their needs better."

And hundreds of children get a fighting chance to grow up healthy and happy.

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Aaron Anderson

The staff at the Fostering Hope Clinic take a team approach in addressing the complex physical, social and emotional health needs of Tulsa-area foster children who arrive at the clinic for health assessments, diagnoses and treatment. Here Lulu Falcon, left, patient care coordinator, and LPN Linda Martin consult with Medical Director Dr. Sarah Passmore.

tion test. Block is past president of the American Academy of Pediatrics and former chair of the OU School of Community Medicine's Department of Pediatrics.

Another Fostering Hope team member is Hollie Hawkins, a certified pediatric nurse practitioner. After working in the OU-Tulsa pediatric clinic, she joined Fostering Hope in 2012. Although she has long experience in healthcare, Hawkins has sometimes found her work at the clinic difficult.

The goal of Oklahoma foster care is family reunification: help