EMPOWERING TRANSITION-AGE YOUTH THROUGH TECHNOLOGY

An Innovative Demonstration Project in Sacramento County, CA

BACKGROUND

Minors in the foster care system experience frequent changes in family placements, health care providers, and schools. Such disruptions result in incomplete records that can lead to inappropriate or insufficient health care services and gaps in educational services. When older youth transition out of foster care, they are tasked with taking control of their own life records; yet they experience significant challenges in obtaining, safely storing, and sharing such documents.

These challenges pose more than just an administrative hassle: they can have serious consequences. Accurate, up-to-date documents and records are essential for enrolling in college, applying for employment and housing, and accessing appropriate medical, mental health, and dental care services. Given that an estimated 50 to 80 percent of children in foster care suffer from moderate to severe mental health issues, missing or outdated records can create barriers to optimal care that have large repercussions.

A foster youth-specific electronic record can help address this issue. Such a record can be controlled and maintained by youth and serve as an essential support tool as they are emancipated from care, become responsible for decisions regarding their own care, and build self-sufficiency.

THE PROJECT

To address this issue, The Children's Partnership (TCP) completed a one-year pilot project to expand the use of HealthShack, an electronic record system designed specifically for transition-age youth (TAY) in Sacramento County. HealthShack allows youth to upload documents and life records—for example, birth certificates, Social Security cards, and medical histories—using a scanner or cell phone camera. Once uploaded, the documents can be tagged, organized, and filed according to their purpose.

Key partners for this effort included AltruIT (the technology vendor), Sacramento County Child Protective Services Division, and five community-based organizations (CBOs) in Sacramento County that serve TAY.

The project's aim was to empower and engage older youth in foster care by enabling them to safely store, retrieve, and share important personal information. All youth involved in the pilot were enrolled in one of the five youth-serving community-based organizations (CBO),

where they were introduced to HealthShack by peer navigators, called Youth Ambassadors (YA).

These part-time outreach and enrollment assisters were identified as candidates by the partner CBOs and referred to AltruIT for hire. The YAs met with other foster youth served by each of the CBOs, introduced them to HealthShack, and, in some cases, assisted with the enrollment process.

In addition to the intervention at the CBOs, the pilot included a "Proof of Concept" with the Sacramento County Child Protective Services Division within the Human Services Agency. The goal of the Proof of Concept was to develop a protocol for using HealthShack as a case management and record-keeping tool that could be used by both caseworkers and youth, particularly as part of the formal transition to extended foster care or emancipation from care process.

Finally, the pilot included a nursing component developed in partnership with California State University, Sacramento (CSUS). The CSUS nursing program created an internship opportunity for student nurses interested in gaining experience working with at-risk youth in a community setting. For the last four months of the project, a student nurse was stationed at one CBO and supported foster youth with finding health-related records and documenting their medical history, while providing them needed primary care.

RESULTS

At the conclusion of the pilot, 107 youth had created HealthShack accounts. Youth interviewed and surveyed for this pilot generally expressed satisfaction with HealthShack and appreciated the services and features that it provided.

Usage data indicated that 61 percent had engaged with the site after the initial enrollment period, and a subset of these users (14 percent) were "frequent" users that visited the tool in two or more consecutive months.

Enrollment varied across the five CBOs in the pilot, but a consistent theme emerged across all settings: CBO staff reported significant time constraints, which limited their ability to engage with youth about HealthShack tool. As part of the pilot evaluation, we conducted a survey with CBO staff and results showed that 50 percent reported that they "rarely" had time to enroll youth in HealthShack, and 36 percent said they "sometimes" had time. Only 14 percent of those surveyed said they "often" had time. In addition, the project experienced challenges with turnover among Youth Ambassadors, whose own lives were unstable, thus limiting the degree to which they took the burden off of CBO staff.

The nurse stationed at the CBO reported strong interest from TAY in discussing their health issues and, after a rapport had been established, in creating a HealthShack account. She

also indicated that she encountered significant unmet mental health needs in this population of high-risk youth. However, since only one nurse was available in this demonstration, for limited hours, and at one CBO, her reach was limited; despite these limitations, nurse involvement was found to increase participation and engagement with those that were reached.

The Proof of Concept conducted with Sacramento County yielded some important insights for how to logically integrate an electronic record tool into existing workflows and time points when it is likely to have the most impact. These are reflected in the protocol that was developed through the work. For example, the County's 90-Day Transition Plan meeting[1] presents an excellent opportunity for this type of integration and would allow for the electronic record to be established before the key life documents are transferred so that there is an existing, secure place for electronic copies to be stored at that juncture. TCP further outlined this strategy in a companion document titled *Supporting California Counties in Transitioning Foster Youth to Independence: How Electronic Record Systems Can Help Serve the Goals of AB 12*. This document outlines how such integration could support statutory requirements to transfer key life records to transition-age youth prior to emancipation or entry into extended foster care.

CONCLUSIONS

This pilot demonstrated some valuable lessons and promising areas for future work. First, if electronic record tools like HealthShack could be fully integrated into the workflow of county agencies, they would be more likely to be accepted and utilized by caseworkers and youth alike. Such an approach would give agency staff time to promote the tool to youth during routine visits and the ability to reference it throughout a youth's time with the agency. The Proof of Concept demonstrated some key opportunities for this type of integration into a county's emancipation process, especially time points when the key documents are available and exchanged.

Second, understanding the technology and design barriers that prevent more robust use by foster youth is essential. Future efforts should solicit significant and ongoing feedback from users to continually optimize the platform, design, and interface so that it meets the needs of foster youth. In addition, options should be explored for utilizing technology that is "self-service" and requires only a limited investment of time by a CBO or another assister to enroll users and help them use the tool.

Finally, integrating the electronic record into the encounter with health care professionals, such as the nurse, is a promising approach as it enables health records to be uploaded at

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[1] The 90-Day Transition Plan meeting is a planning meeting to help a youth prepare for living independently and is usually attended by the youth, caseworker, caregivers, and other supportive adults.

the time of a medical visit and those documents to be discussed in the context of a health assessment.

PROJECT PARTNERS

This project was developed with funding from the Our Little Light Foundation and in collaboration with the following partners:

- Aspiranet, a major nonprofit provider of services for children and families across California. For more information, visit www.aspiranet.org.
- AltruIT 2.0, Inc., a subsidiary of Aspiranet and owner of HealthShack, with experience and expertise in information technology for Human Services. For more information, visit www.altruit.com or www.healthshack.info.
- The Children's Partnership, a research, policy, and advocacy organization working to ensure that all children, especially those at risk of being left behind, have the opportunities and resources they need to grow up healthy and lead productive lives. For more information, visit www.childrenspartnership.org.