

RESEARCH ABSTRACT

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Tracking the Health Status of Children in Foster Care

Chris Chytraus R.N., BSN

Introduction

In 1994, the Center for Youth Law filed a lawsuit against the State of Utah due to documented concerns that the health, dental and mental health needs of children in the Utah child welfare system were not being met. Through a contractual agreement between the Department of Health and Utah's Human Service Department and under the Medicaid Administrative Case Management option, the Utah Department of Health hired R.N.'s to provide administrative case management of the health care needs for all children that enter foster care in the state of Utah. R.N.'s are co-located with the Division of Child and Family services foster care caseworkers where they work together on making sure ALL of the child's needs are met.

The administrative option allows for a 3:1 funding match. The project was very successful and has continued as an ongoing collaboration between the Department of Human Services, Division of Child and Family Services (DCFS) and the Department of Health, Children With Special Health Care Needs Bureau, Fostering Healthy Children Program (FHC).

Overview of the Health Status Outcome Measure (HSOM)

In 2003 the state of Utah, with a population of 811,000 children (FY 2001 population estimate), had approximately 2000 children in the foster care system. A Health Status Outcome Measure tool (HSOM) was developed to assist in evaluating whether the health, mental health and dental needs of children in Utah's foster care system were being met. The tool was automated and integrated in the Utah's "SAFE" data system for children in foster care. It has since undergone a number of changes to improve the accuracy and sensitivity of the measurement. Currently the tool allows the nurses to:

1. Measure the health (medical, dental and mental health) status of children in custody and assign them an acuity.
2. Determine what needs, if any, are not being met for each child in care.
3. Measure whether program interventions are making a difference in the life of the children from the time they entered custody to when they left custody.

4. Assist in providing justification for increased reimbursement for the foster placement that manages the medically fragile clients.

In each HSOM assessment, the R.N. reviews recent medical history, current status of examinations done or due, immunization records and the completion of recommended treatments. A call is made to the foster parent to clarify the information received is current and discuss the child's current status. The HSOM is completed on each child at a pre-set schedule for the first four months of care. The health records of each child entering custody is reviewed at 5 days, 30 days and then 4 months. Following the four-month assessment, the child is then evaluated based on their Health Status Outcome Measure score. Those with a higher score have a higher acuity and foster parents are contacted more frequently.

HSOM Tool

The Health Status Outcome Measure utilizes a numeric system to identify the acuity of the child in care and an alpha system to identify whether or not the child's needs are being met. A child with an HSOM of 1 A for example, would mean the child is healthy and all of their needs are being met. A child with a score of 5 B would mean they were high acuity requiring assistance with activities of daily living and the child's needs were not being met.

The scoring system is as follows:

- 1 A – Healthy. Current on all requirements.
- 1 B – Healthy. Overdue for exam or follow-up and immunization(s). Specify CHEC exam, dental exam, mental health assessment, other (specify what in comments) and immunization(s).
- 1 C – Healthy. Overdue for immunization(s) only.

- 2 A – Healthy. No medical/mental health conditions requiring medication. In counseling. Current on all requirements/follow-up.
- 2 B – Healthy. No medical/mental health conditions requiring medication. Not receiving recommended counseling and overdue for exams or follow-up and immunization(s). Specify which exams: CHEC, dental, mental health, other (specify in comments) and immunizations.
- 2 C – Healthy. No medical/mental health conditions requiring medication. In counseling. Overdue for Immunization(s) only.

- 3 A – Chronic condition. If on medications, preventative in nature. (Examples: Hay fever, Eczema, Oral Contraceptive, Fluoride, topical ointments). Current on all requirements.
- 3 B – Chronic condition. If on medications, preventative in nature (as above). Overdue for exams or follow-up and immunization(s). Specify CHEC, dental, mental health, other (specify in comments) and immunization(s).
- 3 C – Chronic condition. If on medications, preventative in nature (as above). Overdue for immunization(s) only.

- 4 A – Acute illness or chronic condition that requires regular on-going follow-up. Includes those placed in Residential Placement, Acute Care Facility, State Hospital. Current on all requirements/follow-up.
- 4 B – Acute illness or chronic condition that requires regular on-going follow-up. Includes those placed in Residential Placement, Acute Care Facility, State Hospital. Overdue for exam and/or follow-up and immunization(s). Specify CHEC, dental, mental health, other (specify in comments) and immunization(s).
- 4 C – Acute illness or chronic condition that requires regular on-going follow-up. Includes those placed in Residential Placement, Acute Care Facility, State Hospital. Overdue for immunization(s) only.

- 5 A – Medically fragile child. Has multiple and/or debilitating condition(s) that require assistance with activities of daily living. At risk for developing acute condition. Requires daily monitoring. Current on all requirements/follow-up.
- 5 B – Medically fragile child. Has multiple and/or debilitating condition(s) that require assistance with activities of daily living. At risk for developing acute condition. Requires daily monitoring. Overdue for exam and/or follow-up and immunization(s). Specify CHEC, dental, mental health, other (specify in comments) and immunization(s).
- 5 C – Medically fragile child. Has multiple and/or debilitating condition(s) that require assistance with activities of daily living. At risk for developing acute condition. Requires daily monitoring. Overdue for immunization(s) only.

- 6 A – AWOL (runaway).
- 6 B – New case or placement contacted three times/letter sent.
- 6 C – Not in custody.

Preliminary Data Reviews and Conclusions

In the first data pull of information, we found that many of the children were falling in the “B” category. One reason identified was many children appeared to be “missing” immunizations (due to lack of data/records or due to inadequate immunizations). To correct for this, we added the additional “C” category, as noted above. Additionally, program nurses focused on methods to collect better immunization data and to improve the immunization rates of their caseload of children. When we pulled the data three months later, there was an improvement in the overall scores; however, the overall unmet needs remained higher than the met needs. For this reason, we have now added the additional requirement of specifying what types of services are overdue. This will allow us to track by region, where health related services might be failing. The nurses in each region can work with local health providers to improve access and availability to health resources. As an example, in our most southwestern region we were able to identify that more children were missing immunizations than in other regions. This allowed for us to plan immunization clinics to improve the immunization rate. Following the immunization clinics, we will be able to pull data to provide evidence that the clinics did make a difference.

Although the process continues to evolve, the use of the HSOM is providing us with evidence based outcomes to document the improvement of the health status of all foster children from the

time they enter custody until they leave; and, to validate the effectiveness of a collaborative relationship between DCFS and FHC.

Presenter(s) Contact Information:

Chris Chytraus R.N., BSN
Program Manager, Fostering Healthy Children
Children With Special Health Care Needs
Utah Department of Health
44 North Medical Drive
P.O. Box 144671
Salt Lake City, UT 84114-4671
(801) 584-8598
e-mail: chrischytraus@utah.gov