



# MEETING THE Health Care Needs of Children in the Foster Care System



F A C T S H E E T

The information provided in this publication is the result of a 3-year project conducted by the Georgetown University Child Development Center to identify and describe promising approaches for meeting the health care needs of children in the foster care system. In response to a national search for promising approaches, information was collected on over 100 different approaches. Multiple publications representing the findings of the study are available.

## Fostering Healthy Children State of Utah

### Description

Fostering Healthy Children is a statewide program in Utah that provides health care case management for children in out-of-home placement. The goal of Fostering Healthy Children is to ensure that the health care needs—including medical, dental, mental health—of children in foster care are met. Public health nurses, who are co-located at child welfare agencies throughout the state, track health care visits and monitor needed follow-up, coordinate health care delivery, provide training for child welfare workers and develop care provider resources. Nurses ensure that the children receive screening, comprehensive medical, dental, and mental health exams, and follow-up services. Health care services are provided through each child’s primary health care provider, emergency rooms or clinics. The nurses use a computerized case management system to track the health care history of each child. In addition, each child receives a traveling record that contains health information, medical visits and records, and the birth certificate. This record stays with the child. The public health nurses gather the health history for this record.

Utah was one of five states selected by the National Academy for State Health Policy Study (NASHP) to receive technical assistance to help improve health care for children in foster care.

### Rationale for Implementation

In the 1990’s, the Youth Law Center in California sued Utah in Federal Court. Health care for children in foster care was one of the areas addressed by the settlement agreement, and the state was required to have healthcare coordinators for each region. In 1996, the Salt Lake City Health and Human Services Division recognized the need to hire a health care professional to comprehensively evaluate each child. Since then, this approach evolved into a statewide program for all children entering foster care.



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## Administration and Staffing

- 16 to 18 registered nurses who have either a 4-year B.S. in Nursing, or an associate degree in nursing
- 1 licensed practical nurse
- support staff

## Funding

Funding sources for Fostering Healthy Children include federal Medicaid funds and state funds from the Division of Child and Family Services. The nurses are employed by the Department of Health and housed at DCFS offices in all seven regions.

## Evaluation Efforts

Utah has established a Child Welfare Health Care Advisory Committee which includes representatives from Medicaid, child welfare, and mental health agencies; the foster parent association, and the provider community. One of the issues the Committee has addressed is the development of health status indicators based on national standards of care.

Children are assessed when they come into care. Initial assessments occur within 5 days of placement and follow-up assessments within 30 days. From these assessments (medical, dental, and mental health), their health status is rated based on their health care needs and services received. The ratings fall into six categories. Each of these six health status indicators has been clearly defined and includes physical, dental, and mental health indicators. The nurse case managers can track over time whether improvement is made in a child's health status. As each child's health status changes from one category to another, the nurses record this in the computerized case management system. Aggregate reports can be provided from this system. The six indicators include:

1. Child is receiving routine screening and preventative care.
2. Child has acute or chronic condition(s) and is receiving adequate care.
3. Child needs to establish or update preventative services.
4. Child has acute or chronic conditions and needs to establish or update services.
5. Child has suspected or significant undiagnosed/untreated problems.
6. Child's status cannot be determined from available information\*

\*Information on evaluation efforts was gathered, in part, from Rawlings-Sekunda et al, *Efforts in Ensuring Health Care to Children in Foster Care: Case Studies of Nine States*, National Academy for State Health Policy, 12/99.

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The document reflects the findings of a research project, as well as the thinking of the project advisory panel, respondents in states and communities, and the authors. It does not necessarily represent official policy or positions of the funding sources.

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