

Exploring the Integration of Data Exchange within Correctional Facilities and the Foster Care System

Foster Care Health Information

Jeanette M Scheid MD, PhD

Associate Professor, Psychiatry MSU

Medical Consultant, MDHHS

Connecting Michigan for Health Conference

June 5, 2019



Introduction to Child Welfare

- ▶ Numbers - statewide
 - ▶ Approximately 13,000 children in foster care
 - ▶ 400-500 children new to foster care monthly
- ▶ Mission
 - ▶ Permanency-Safety-Wellbeing



Introduction to Child Welfare

▶ Health Care goals

- ▶ Comprehensive health exam within 30 days of foster care entry
- ▶ Periodic/annual health exams on schedule
- ▶ Follow up care as recommended
- ▶ Dental examination within 90 days of foster care entry
- ▶ Monitoring consent and use patterns for psychotropic medications

Information Sources

- ▶ Child, Parents, Family members
 - ▶ Information requested/provided from investigation until closure
- ▶ Health care providers
 - ▶ Presence at appointments
 - ▶ Clinical documentation
- ▶ Health Services Data Warehouse sources
 - ▶ MCIR
 - ▶ CareConnect360 - available to foster care

Information Management - MiSACWIS

MI State-Wide Automated Child Welfare Information System

▶ Uses

- ▶ Information to assist with placement
- ▶ Tracking all aspects of case - legal, placement, permanency goals/activities, health, education

▶ Users key to health management

- ▶ Direct care: CPS, foster care, Juvenile Justice
- ▶ Data management (e.g. psychotropic oversight)
- ▶ Child welfare management

Information Management - MiSACWIS

MI State-Wide Automated Child Welfare Information System

▶ Products/Reports

- ▶ Book of Business - tracking/reminders for key timeliness expectations
- ▶ Medical Passport - Report that pulls from data elements in health screens
- ▶ Service Plans - pulls data elements from several sources

MiSACWIS - Screens

Person Overview

Person ID:

Name:

Address:

Phone/Contact:

Gender:

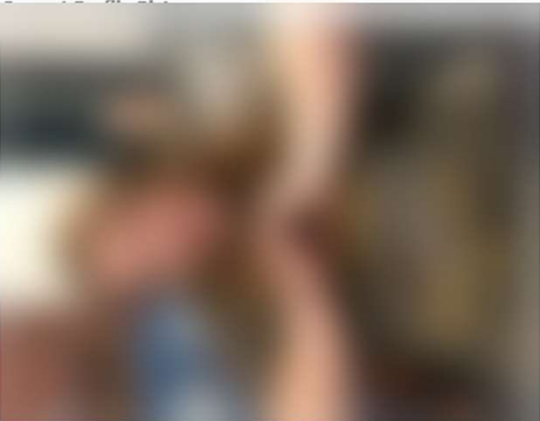
DOB:

Age:

Employee:

Person Details

Person Profile	Person Characteristics	Scan Documents	Credit Check
Education	Legal History	Reports	
Health	MiSACWIS History	Military History	
Financial	Relationship History	Merge History	
Bridges Case History	ICWA	Bridges Referral Error Details	



[Change Picture](#)

Picture Date:

Comments:

MiSACWIS - Screens

Health Needs and Diagnoses | Appointments | Medication | Child Medical History | Family Medical History | Provider | Generate Immunizations and Medical Passport

Person Header

Name: Gender: DOB:
Person ID: Age:

Health Needs and Diagnoses

Filter By:

Returned 0 Record(s)

Group	Category	Type	Date	Report	Resolved
-------	----------	------	------	--------	----------

MiSACWIS - Screens

Health Needs and Diagnoses
Appointments
Medication
Child Medical History
Family Medical History
Provider
Generate Immunizations and Medical Passport

Person Header

Name: Gender: DOB:

Person ID: Age:

Appointment History

Filter By:

Completed Appointments

	Service Category	Service Type	Date	Provider Name	
select	Child's Yearly Dental Visit		<input type="text"/>	<input type="text"/>	documents
select	Child's Yearly Dental Visit		<input type="text"/>	<input type="text"/>	documents
select	Other-Medical	Follow up	<input type="text"/>	<input type="text"/>	documents
select	Child's Initial Dental Visit		<input type="text"/>	<input type="text"/>	documents
select	Other-Medical	Other	<input type="text"/>	<input type="text"/>	documents

Pending Appointments

Service Type	Comments	Date

Unkept Appointments

Service Type	Comments	Date

MiSACWIS - Screens

Health Needs and Diagnoses	Appointments	Medication	Child Medical History	Family Medical History	Provider	Generate Immunizations and Medical Passport		
Name:		Gender:		DOB:				
Person ID:		Age:		Medicaid Id:				
Overview			Informed Consent					
Current Medications								
	Medication Type	Medication Name	Prescriber	Fill Date	Dosage	Informed Consent Details		
				Start Date		Max Dose	Consent Expiration Date	Informed Consent Status
select	General types of medication			11/16/				
select	Psychotropic types of medication			11/08/				Informed Consent Required
select	Psychotropic types of medication			10/22/				Informed Consent Required
select	Psychotropic types of medication			08/08/				Informed Consent Required
select	Psychotropic types of medication			08/08/				Informed Consent Required
select	Psychotropic types of medication			08/08/				Informed Consent Required
Medication History								

MiSACWIS - Screens

Health Needs and Diagnoses	Appointments	Medication	Child Medical History	Family Medical History	Provider	Generate Immunizations and Medical Passport
Birth Childhood						
Person Header						
Name:		Gender:		DOB:		
Person ID:		Age:				
Birth Location						
Hospital or Place:						
Address:						
Delivery and Birth Information						
Birth Weight:	<input type="text"/> lbs. <input type="text"/> oz. OR <input type="text"/> kg. <input type="text"/> gm.					
Birth Length:	<input type="text"/> in.	Blood Type:	<input type="text"/> ▼	RH Factor:	<input type="text"/> ▼	
Gestational Age:	<input type="text"/> weeks					
Full term Pregnancy:	<input type="text"/> ▼					
Prenatal Care:	<input type="text"/> ▼					
Delivery Type:	<input type="text"/> ▼					
Prenatal exposure to alcohol or other controlled substances:	<input type="text"/> ▼	If yes specify:	<input type="text"/>			
Does the child have a diagnosis of Neonatal Abstinence Syndrome?	<input type="text"/> ▼	If yes specify:	<input type="text"/>			
Medications taken by mother during pregnancy:	<input type="text"/>					
Birth defects and other physical problems:						
<input type="text"/>						
Spell Check Clear 4000						
Complications or accidents during pregnancy:	<input type="text"/> ▼					
<input type="text"/>						
Spell Check Clear 4000						
Complications at Birth:	<input type="text"/> ▼					
<input type="text"/>						
Spell Check Clear 4000						

MiSACWIS - Screens

Health Needs and Diagnoses	Appointments	Medication	Child Medical History	Family Medical History	Provider	Generate Immunizations and Medical Passport
----------------------------	--------------	------------	-----------------------	------------------------	----------	---

Person Header

Name: [Redacted] Gender: [Redacted] DOB: [Redacted]
 Person ID: [Redacted] Age: [Redacted]

Search Results: Unique Record Found
 Immunization Status: Up-to-Date Date: 05/22/2019 State File Number: [Redacted]

Immunization Forecast

Immunization	Can be given today	Dose#	Recommended	Overdue
DTP/DTaP/DT/Td/Tdap	[Redacted]	[Redacted]	[Redacted]	[Redacted]
HPV	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Hepatitis A	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Hepatitis B	[Redacted]	[Redacted]	[Redacted]	[Redacted]
MMR	[Redacted]	[Redacted]	[Redacted]	[Redacted]
MenB Cat. B	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Meningococcal Conjugate	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Polio	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Seasonal Influenza	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Varicella	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Non Administrations

Immunization	Reason	Entered By	Date Entered
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Immunization History

Immunization	Administered	Entered By
DTP (historical)	[Redacted]	Pediatric Clinic, [Redacted]
DTP (historical)	[Redacted]	Pediatric Clinic, [Redacted]
DTP (historical)	[Redacted]	Pediatric Clinic, [Redacted]

MiSACWIS - Entry/Connectivity



Other Health Records

Health Information Management: Challenges

▶ Access

- ▶ Engaging sources
- ▶ Consents for release of information
- ▶ Information delivery systems/timing

▶ Translation

- ▶ Requires data entry (time consuming, not automated)
- ▶ Legibility
- ▶ Prioritizing/summarizing

▶ Dissemination



Health Information Management: Future Directions/Needs

- ▶ Ensures Security/Privacy
- ▶ Supports timely health care services coordination
- ▶ Supports child welfare case management
 - ▶ Reduce user entry
 - ▶ Improve information quality

