Value Propositions and Roadmaps for Integrating Children's Behavioral Health and Medicaid with Child Welfare Systems

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AGENDA

- Data illustrating the problem
- The value of intersectionality among behavioral health, child welfare and Medicaid
- Financing approaches that support meaningful whole family approaches
- Promising examples of coordinated system approaches

OBJECTIVES

1

Understand how child welfare services departments currently interact with the behavioral health service continuum.

2

Learn how to build value by identifying areas where the intersection of child welfare, Medicaid and children's behavioral health helps improve outcomes and mitigate risk.

3

Learn about financing approaches that support meaningful whole family approaches to improving protective factors and strengthening family resilience.

4

Learn from examples of how other states have applied solutions and strategies aimed at better integrating child welfare systems, Medicaid and children's behavioral health.

WHAT IS THE PROBLEM?

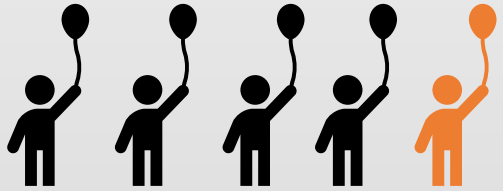
Practice Outcomes

- Client Level
- System Level
- Population Level

System Risk Mitigation

WHAT'S THE DATA?

BEFORE THE PANDEMIC



1 in 5 children had a mental health disorder; only half are getting treatment[1]

CDC Leading Cause of Death 2019

Age Range

	<1	1-4	5-9	10-14	15-24
1	Congenital Anomalies 4,301	Unintentional Injury 1,149	Unintentional Injury 714	Unintentional Injury 778	Unintentional Injury 11,755
2	Short Gestation 3,445	Congenital Anomalies 416	Malignant Neoplasms 371	Suicide 534	Suicide 5,954
3	Unintentional Injury 1,266	Malignant Neoplasms 285	Congenital Anomalies 192	Malignant Neoplasms 404	Homicide 4,774
4	Sids 1,248	Homicide 284	Homicide 155	Homicide 191	Malignant Neoplasms 1,388
5	Maternal Pregnancy Comp. 1,245	Heart Disease 133	Heart Disease 91	Congenital Anomalies 189	Heart Disease 872

1. https://www.childtrends.org/publications/a-national-agenda-for-childrens-mental-health
2. CDC. Web-based Injury Statistics Query and Reporting System (WISQARS). (2020) Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

BEFORE THE PANDEMIC
(CONTINUED)

THE PANDEMIC IMPACT

Worsening MH and SUD across the country

- Increased food, housing and economic insecurity
- Loss of school and social routines and supports

Loss of parents

- An estimated 37,300 to 43,000 children lost a parent to COVID-19
- Black children are more likely to have lost a parent than other children[1]

BH Service System pushed to capacity

- Pediatric emergency rooms in 2020 showed higher rates of suicide ideation and attempts

Disproportionate impacts on communities of color[3]

- Rising suicide rates
- COVID-19
- Economic insecurity
- Racism and trauma of police violence

1. https://jamanetwork.com/journals/jamapediatrics/fullarticle/2778229; Accessed June 2021.
2. Hill RM, Rufino K, Kurian S, Saxena J, Saxena K, Williams L. Suicide Ideation and Attempts in a Pediatric Emergency Department Before and During COVID-19. Pediatrics. 2021 Mar;147(3):e2020029280. doi: 10.1542/peds.2020-029280. Epub 2020 Dec 16. PMID: 33328339.
3. Roni Caryn Rabin, "U.S. Suicides Declined Over All in 2020 but May Have Risen Among People of Color," The New York Times, April 15, 2021. https://www.nytimes.com/2021/04/15/health/coronavirus-suicide-cdc.html

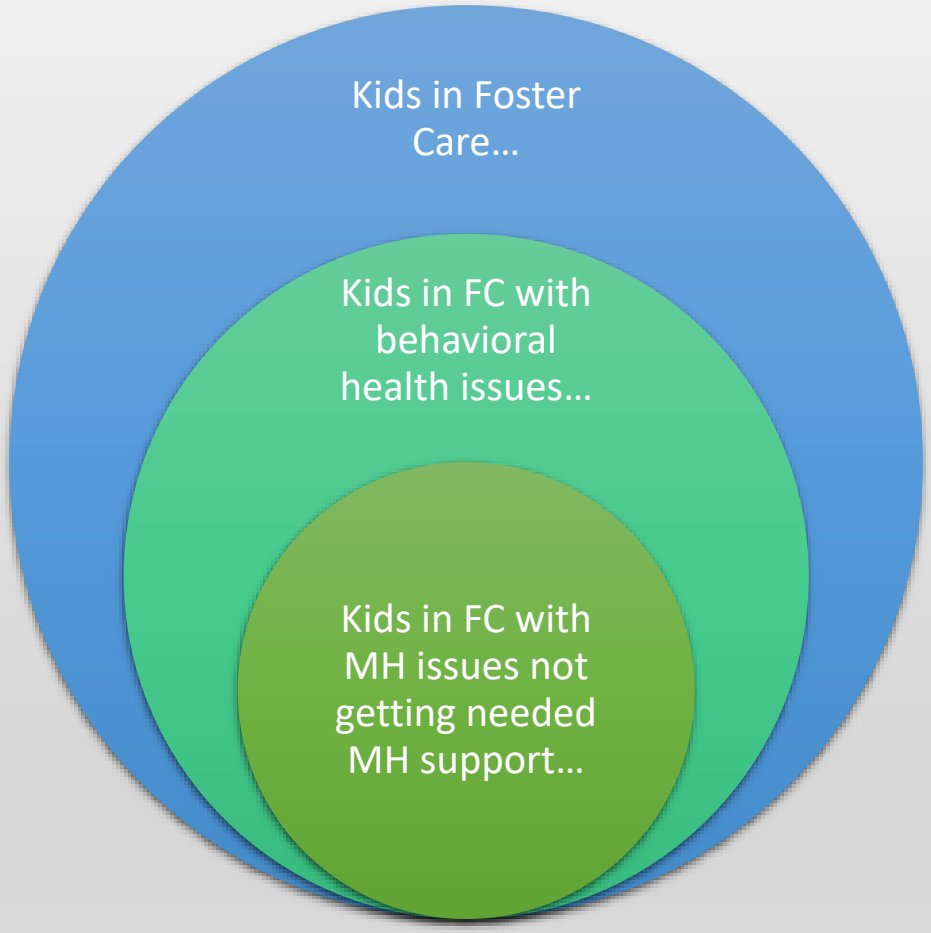
2019 SNAPSHOT OF RATE OF KIDS ENTERING FOSTER CARE (PER 1,000)

Children's Bureau AFCARS State Data Tables 2-10 through 2019.

BEHAVIORAL HEALTH IMPACT ON RISING FOSTER CARE RATES DURING COVID

- Continued Impact of the Opioid crisis
- Kids with ACEs who do not receive treatment
- Fewer entries into foster care…but far fewer exits

BH AND CW POPULATION OVERLAP



- 7.5 million children each year are the focus of a child protective services (CPS) investigation for suspected maltreatment, resulting in some level of formal CWS involvement or contact[1]
- Suffered at least 1 ACE and more likely to have experienced at least 4 ACEs[2]
- Up to 80% of children in foster care have BH issues[3]
- 70-85% of children served by the child welfare system who are in need of mental health services *do not receive such services*[4]
  - children under 3 even less likely to receive need care than older children
- Instability in placement among children in foster care increases the likelihood of a child being diagnosed with a psychiatric disorder[4]

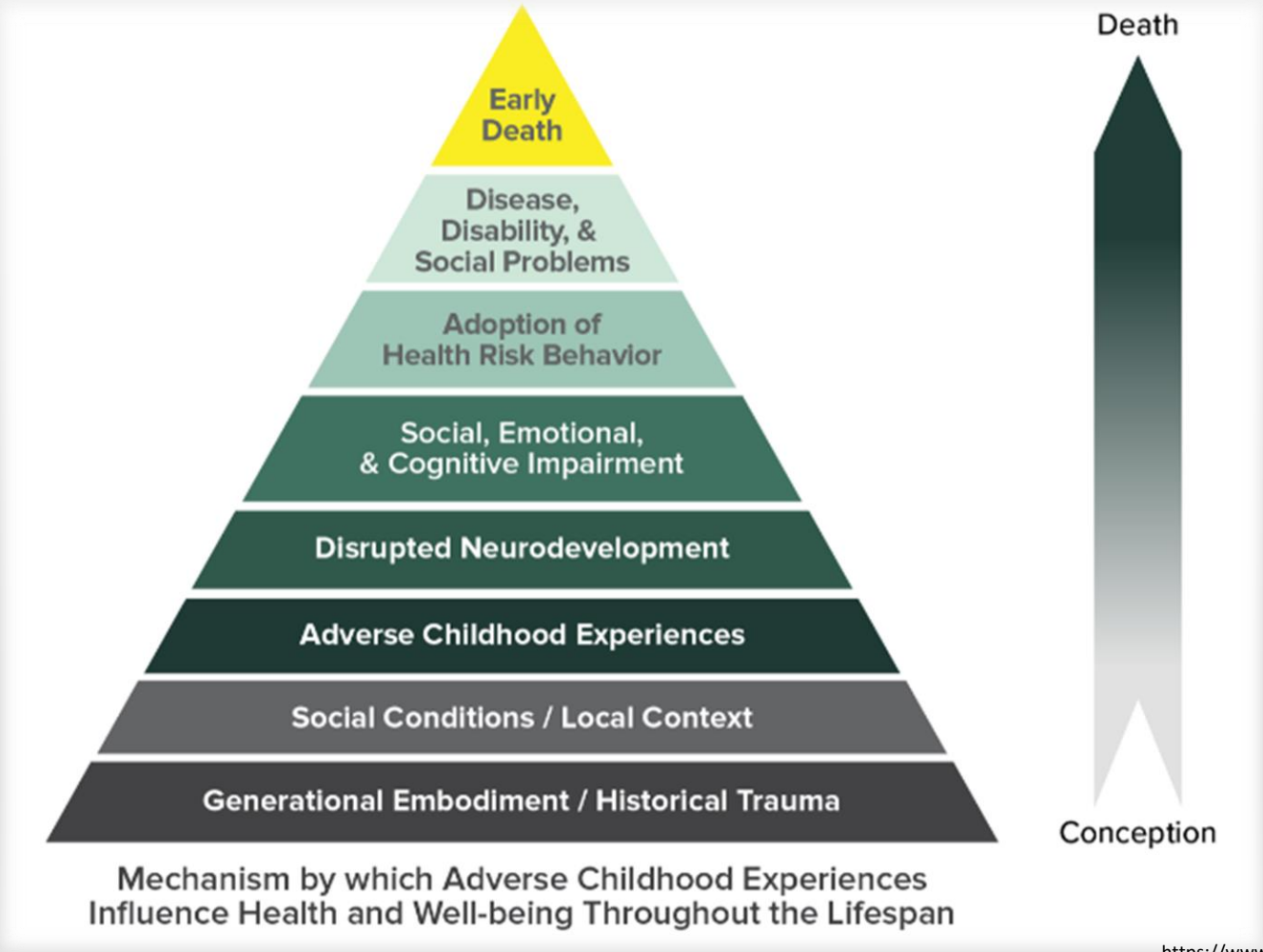
1. Children's Bureau AFCARS State Data Tables 2-10 through 2019.
2. Child Welfare Information Gateway https://www.childwelfare.gov/topics/preventing/overview/framework/aces/
3. National Conference of State Legislatures https://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx
4. Child Welfare League of America 2017- CWLA National Factsheet http://www.cwla.org/wp-content/uploads/2017/03/2017-National-factsheet-final.pdf

IMPACT OF FAMILY ENVIRONMENT

- Most primary caregivers of children at the time of the removal of their children do not have enough emotional/ environmental supports for their children
- Exacerbation of ACEs in foster care caused by
  - Multiple placements
  - Re-maltreatment
  - Insufficient therapeutic training for professionals and foster/kinship parents
  - Strained family relationships

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Mental-and-Behavioral-Health.aspx

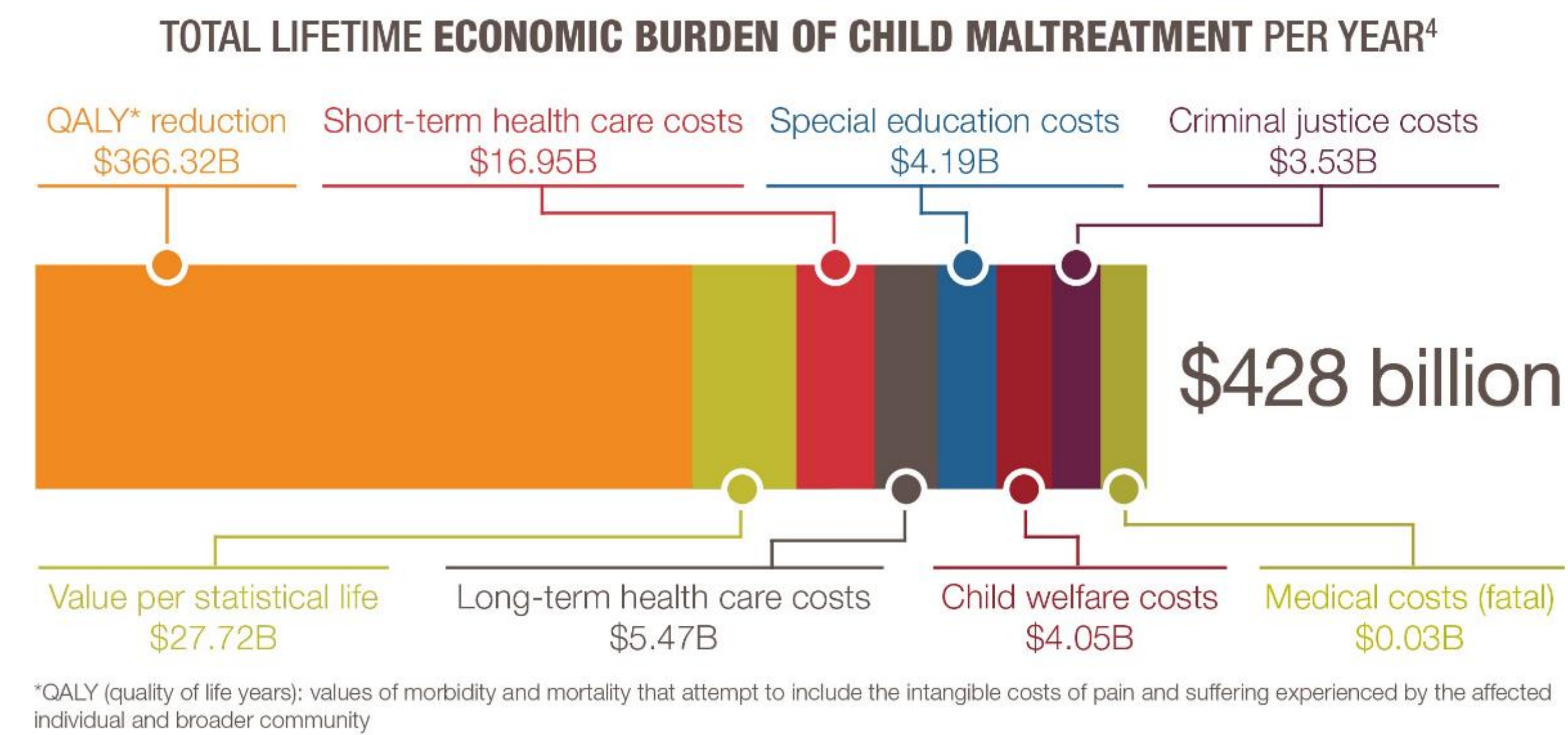
CALL TO ACTION FOR COORDINATION



The ACE Pyramid

https://www.cdc.gov/violenceprevention/aces/resources.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Fprevention.html

WHAT'S AT STAKE FINANCIALLY



Peterson, C., Florence, C. & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglec*t, 86, 178-183. Accessed from https://www.casey.org/population-based-approach/

OTHER ON THE GROUND REALITIES

Workforce challenges	Placement shortages	Access and Eligibility Barriers
Fragmented Services	Multiple Placements Challenge Care Coordination	Lack of Outcome Metrics
Over-Prescribing of Psychotropic Drugs and contraindications from over medication	Limited Evidence Based Models	Multiple Placements Exacerbate Trauma Effects
Limited data sharing across systems	Shortage of crisis response and stabilization services	Lack of Parity b/t Medicaid and marketplace insurance

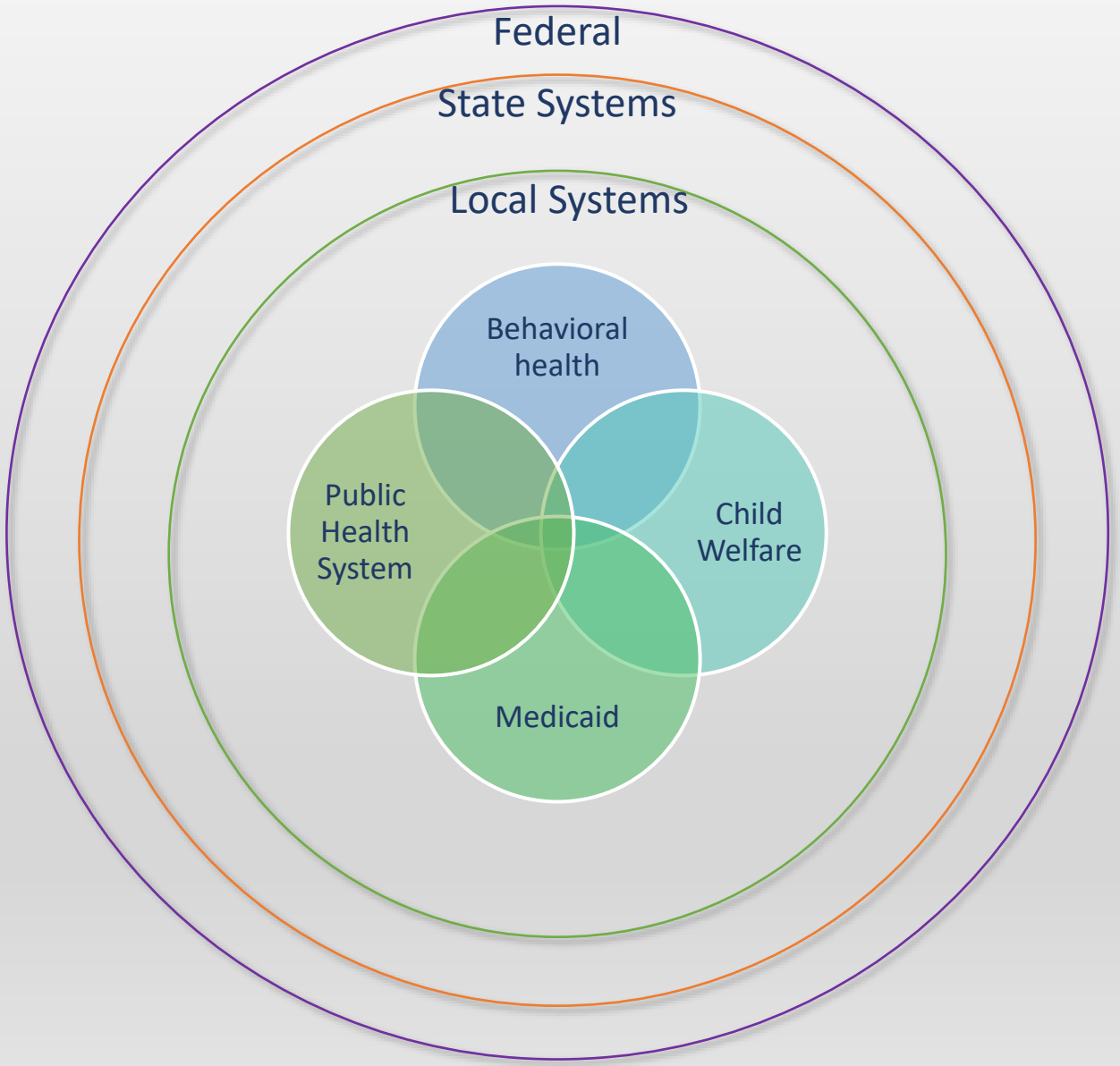
THE VALUE OF INTERSECTIONALITY

HEALTH MANAGEMENT ASSOCIATES

NO SYSTEM CAN DO THIS ALONE

- Child Welfare is not resourced adequately to address policy and financing domain areas that are in the purview of Behavioral Health and Medicaid
- Risk of poor safety, wellbeing and permanency outcomes is often borne by child welfare but is dependent on the system of care built in partnership with BH and Medicaid
- Often children with complex behavioral or somatic healthcare needs require a responsive tiered system of care that continues to support a least restrictive delivery system with an emphasis on matching need to service
- Birth Parents, Foster Parents, Kinship Caregivers, Adoptive Parents all need support and services to ensure that children have good outcomes – increased protective factors, improved health and wellbeing and permanency
- A clear articulation of outcomes should result in the development of performance-based contracts that incent good outcomes

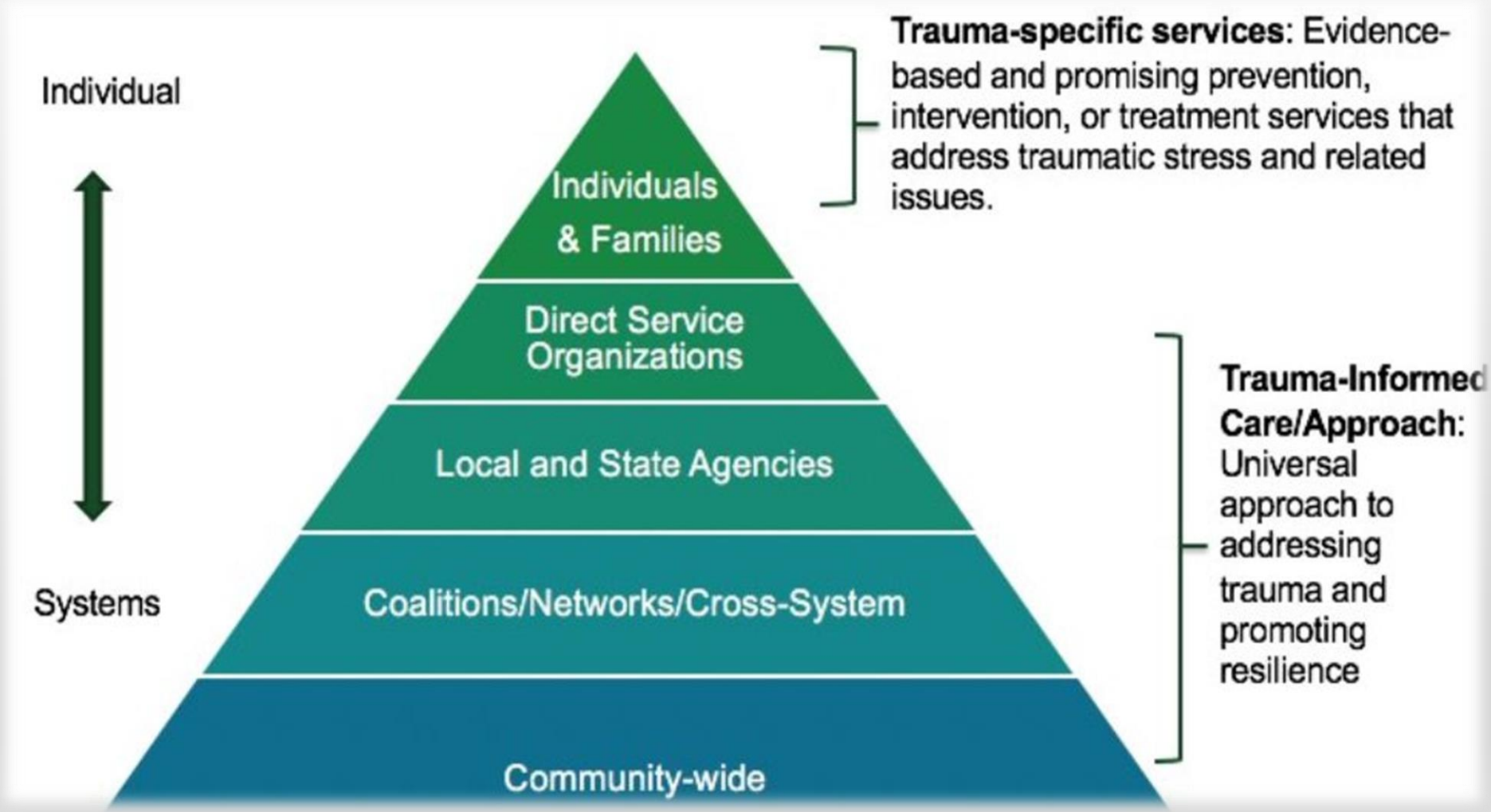
INTERSECTIONALITY



- Due to the recognition of the importance of social determinants of health, healthcare is now a frequent partner in integrated care discussions
- BH has led systems of care efforts
- Medicaid and BH have a long history of working together
- Child welfare is over extended, under resourced and risk averse
- Collaboration is often stronger at the local level than State level

HOW SOC OFFERS OPPORTUNITY FOR COORDINATION

Need to mitigate risk throughout



Advancing Trauma-informed Care Within and Across Child-Serving Systems
https://www.chapinhall.org/research/mstic-guide/

ELEMENTS OF A SUCCESSFUL CROSS SYSTEM COLLABORATIVE SYSTEM OF CARE

Right dose at the right time for the right problem – complex situations needs a collaborative approach

Prevention Focus and human centered design drive the shared practice model

Infrastructure and workflows support a seamless system of care

Data sharing MOUs exist to support collaborative case planning

Trust across departments – child welfare, BH and Medicaid

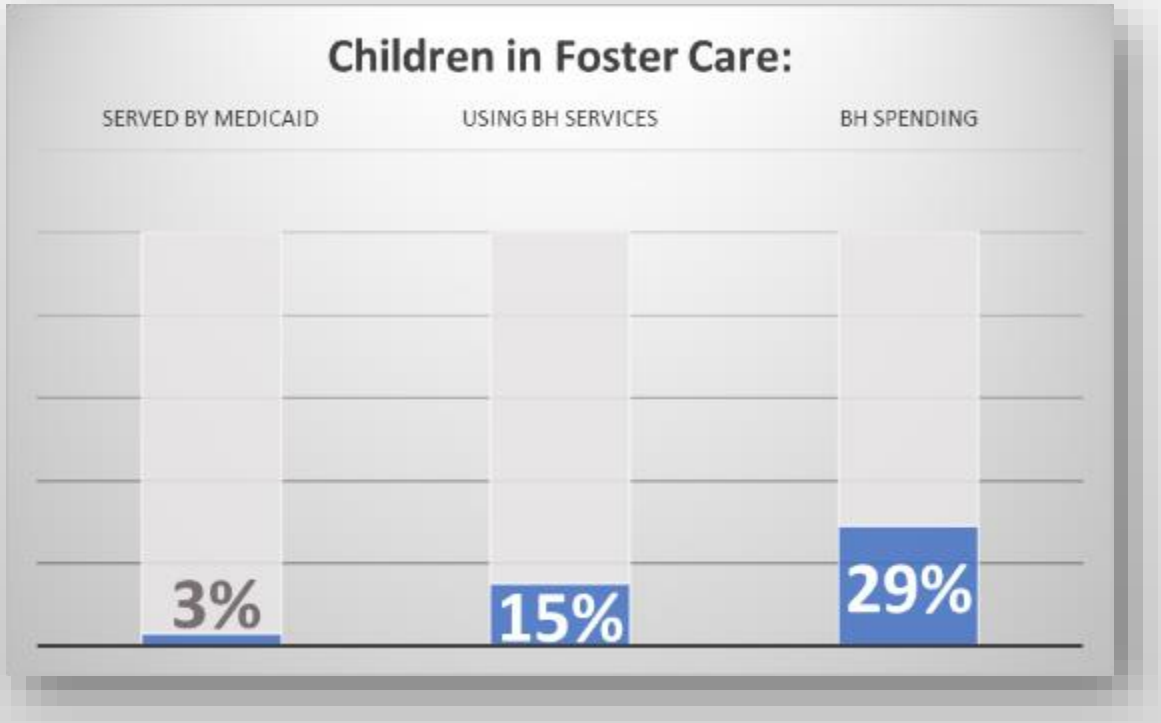
Shared outcomes

Cross training of staff

Ability to BRAID funding

FINANCING APPROACHES THAT SUPPORT MEANINGFUL WHOLE FAMILY APPROACHES

FOSTER CARE AND MEDICAID



The prevalence of disability among child welfare-involved youth ranges from 14 to 47% of the population.

Health Care Coverage.(2016). Indicators on Children and Youth
Pires, S., Grimes, K., Gilmer, T., Allen, K., Roopa, M., & Hendricks, T. (2013). Identifying opportunities to improve children's behavioral health care: An analysis of Medicaid utilization and expenditures. Child Welfare System Children and Youth Services Review 64 (2016) 155–165
https://www.childtrends.org/wp-content/uploads/2020/12/CYSHCN_ChildTrends_Dec20-2.pdf

TRAJECTORY TO FFPSA

As of FY2017, a total of 25 States had approved IV-E Waivers addressing State-specific critical issues and priorities (all waivers have now expired)

Congress and Advocates pushed for a new updated Child Welfare Statute that emphasized prevention

2018 Family First Prevention Services Act (FFPSA)

FFPSA PILLARS

Supports a more community-based system of care

New funding for evidence-based prevention services

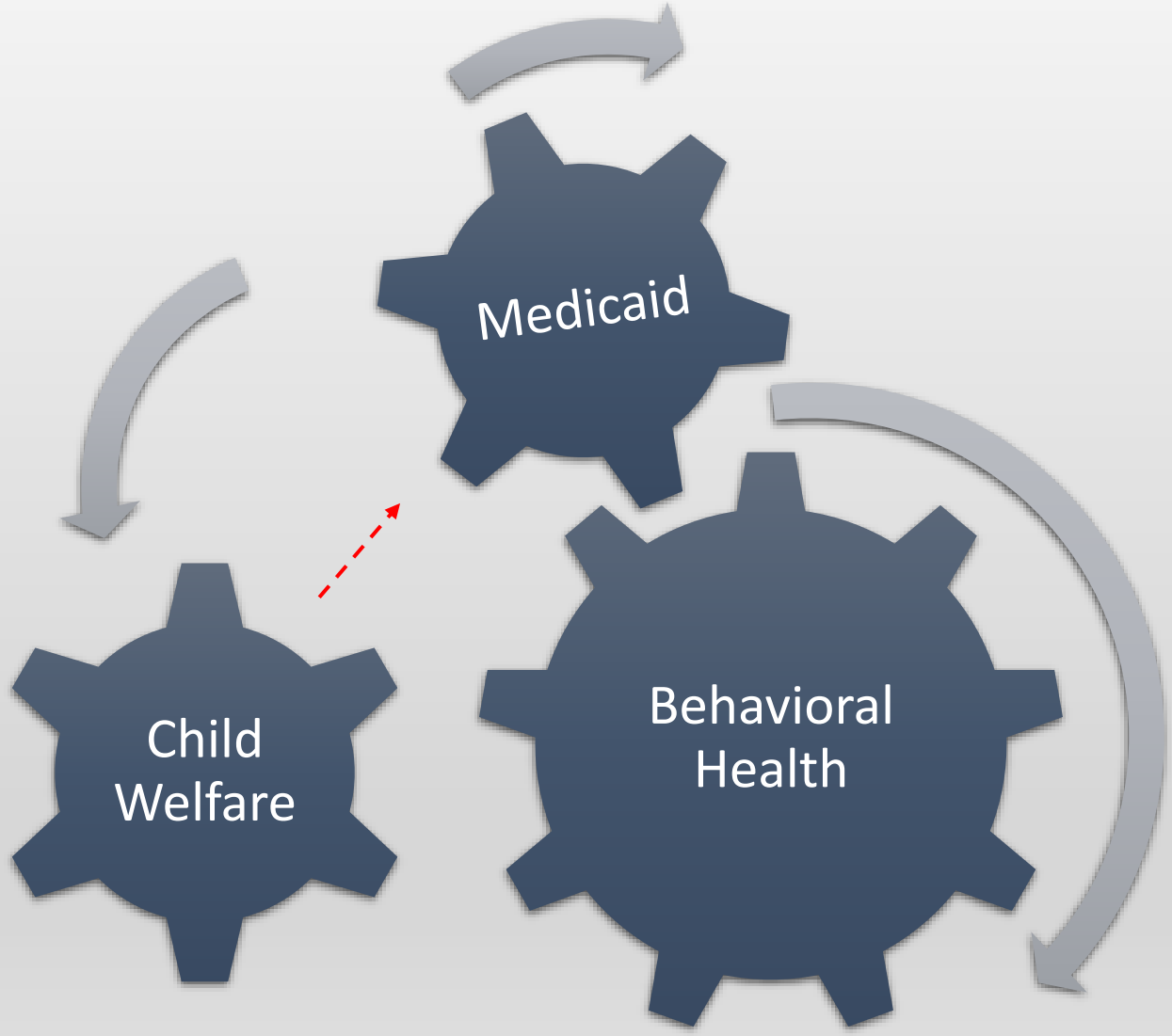
Residential Treatment to focus on specific populations:

- Pregnant and Parenting Teens
- Independent Living Programs for Youth 18 and Older

New criteria for QRTP (differs by state)

WHAT DOES IT MEAN FOR CHILD WELFARE TO BE AN EQUAL PLAYER

- Behavioral Health and Medicaid are closely coupled in developing public systems of care
- Behavioral Health was the first frontier for Managed Care and now….
- States are seeing Managed Care as a possible solution for special needs populations including children in foster care



STATES WHERE CHILDREN AND YOUTH IN FOSTER CARE ARE COVERED THROUGH SPECIALIZED MMC PROGRAMS

Emergence of MMC Programs for Individuals with Special Health Care Needs

Specialized MMC Programs for Children and Youth in Foster Care

Many states are already covering, e.g. :

GA, IL, TX, WV, OH – mandatory enrollment

WA, WI – voluntary enrollment

https://www.nashp.org/state-strategies-to-serve-children-and-youth-in-foster-care-through-specialized-medicaid-managed-care-programs/

MEDICAID MANAGED CARE OPPORTUNITIES

Carve in to Capitated Managed Care

Specialty Plan for Foster Care

Oversight for:

- Immediate Medicaid eligibility
- Risk Screening and Expedited medical and BH assessments
- Integrated care planning
- Care management
- Utilization management

Enhanced coordination

- Wrap Around Services
- Collaborative Case Planning
- Collaborative policy making across three departments
- Incentivized and innovative payment structures

Integrated Electronic health record:

- shared care plan
- health passport

Specialized provider network

Administration for local System of Care efforts

ACTIVITIES CAN BE MUTUALLY SUPPORTIVE

MCO Care Management	CW Case Work
• Risk Screening • Comprehensive Assessment of PC, BH, and SDOH service needs • Integrated Care Plan • Identifying Treatment and Service Options • Case conferencing • Care Coordination • Access to services to support care engagement; address social needs	• Safety, Prevention, Reunification, Permanency, and Adoption services for children, families, caregivers • FC placements • Engagement in care, aftercare, and services • Visits to children in foster care and birth families to prepare for reunification • Coordinating/supervising visits with parents in jail/hospital and with siblings • Court reports, testimony, coordination

Coordination is critical across systems

FEDERAL GRANTS TO SUPPORT STATES

- CMMI grants:
  - Integrated Care for Kids (InCK Model)
  - Maternal Opioid Misuse (MOM) Models
- Waiver Options
  - 1915 (i)
  - 1915 (b)

- IV-E/FFPSA
- Child Abuse Prevention and Treatment Act
- Adoption Safe Families Act
- Social Services Block Grants

- System of Care (SOC) Expansion and Sustainability Grants
- Project LAUNCH Expansion Grants (Linking Actions for Unmet Needs in Children's Health) State/Tribal Expansion
- State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT)
- Planning and Developing Infrastructure to Promote the Mental Health of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities

BARRIERS IMPACTING THE MANAGED CARE SOLUTIONS

- The three entities CW, Medicaid and BH do not collaborate well and the Scope of Work Design does not reflect the needs of all three agencies
- Staff and key stakeholders such as foster parents, birth parents, adoptive parents and kinship parents do not know how to navigate the system – training issue
- Inadequate service array
- The focus of all partners is on system process rather than outcomes for children, youth and families
- Political Silos – agencies not wanting to give up jurisdiction and power

COMPONENTS OF PROMISING APPROACHES

DISCUSSION

Chatterfall:

What gives you hope in your efforts to foster cross system collaboration and meaningful shared agenda development in your community/state?

<<Don’t hit send yet>>

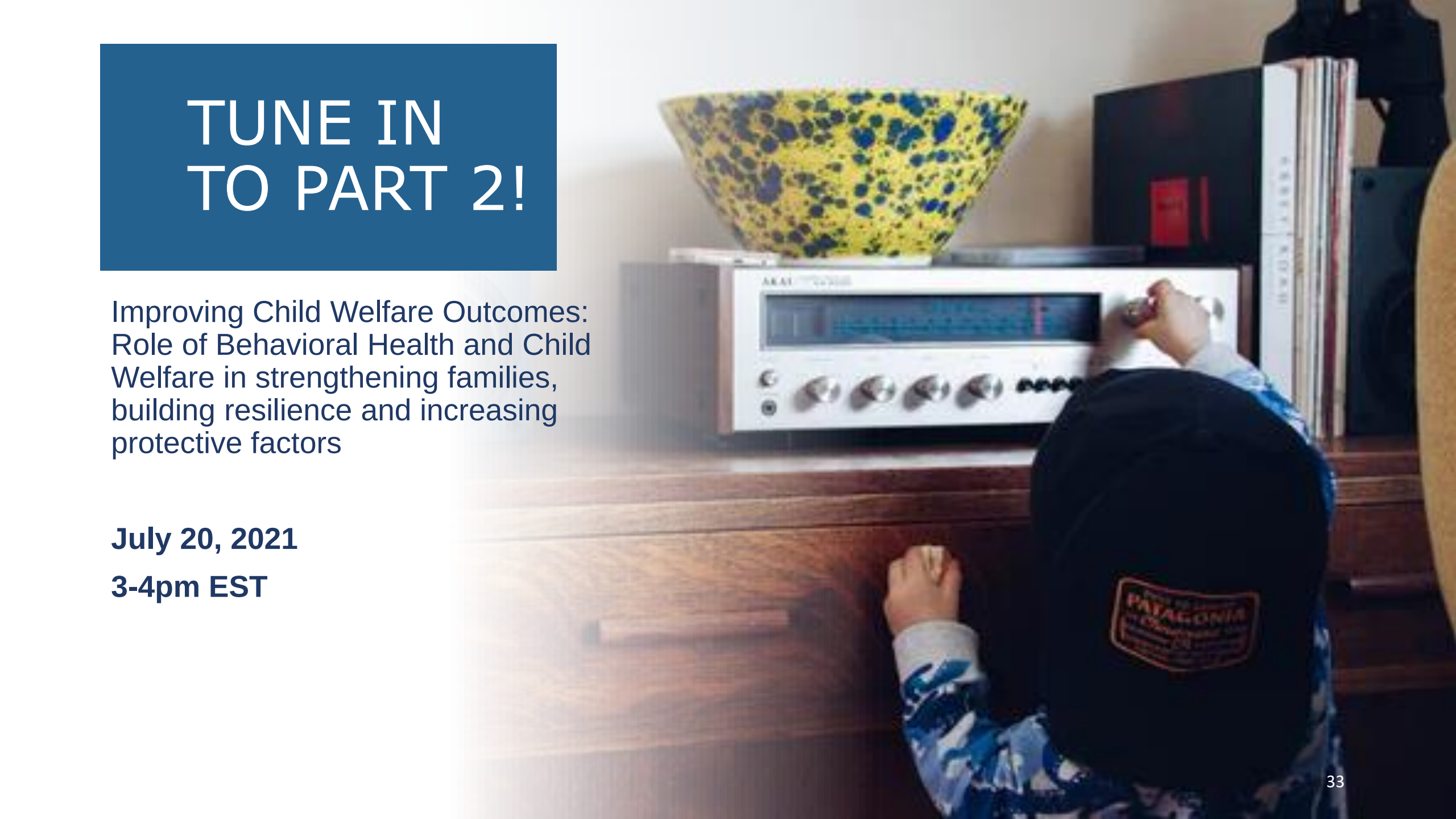
Q&A

TUNE IN TO PART 2!

Improving Child Welfare Outcomes: Role of Behavioral Health and Child Welfare in strengthening families, building resilience and increasing protective factors

July 20, 2021

3-4pm EST



CONTACT US!

If you have any questions
please to not hesitate to reach out.

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