



ACTION BRIEF

CHILDREN AT RISK: OPTIMIZING HEALTH IN AN ERA OF REFORM

Hosted by the NASW Foundation's Social Work Policy Institute
In collaboration with the School of Social Work, University of Southern California, and PolicyLab of The Children's Hospital of Philadelphia

> OVERVIEW

The health profiles of children in the child welfare system indicate high rates of physical and mental health disorders and developmental risk factors. These are exacerbated by concerns about access to health care, high rates of use of psychotropic medication for children in foster care, and insufficient attention to prevention and early intervention. The National Study of Child and Adolescent Well-being (NSCAW) and other recent research have provided more comprehensive data on these poor health and mental health outcomes, demanding attention by practitioners, administrators and policy-makers.

To further explore these issues and to set an agenda to improve children's health outcomes, the Social Work Policy Institute (SWPI) of the NASW Foundation with contributing partner, the University of Southern California School of Social Work (USC), and with PolicyLab of The Children's Hospital of Philadelphia, convened key stakeholders for a think tank symposium, *Children at Risk*:

Optimizing Health in an Era of Reform, on November 17, 2011. The symposium brought together an interdisciplinary group, working in policy, practice, research and education, including representatives of state and federal government agencies, community-based agencies, national professional and provider organizations, universities and policy entities. The symposium participants explored:

- > Findings from research on health care delivery and the health characteristics of children in the child welfare system.
- > Research to policy implementation strategies to improve physical and behavioral health outcomes, access and coverage for children served by the child welfare system.
- > Implications of recent legislative provisions and their implementation including directives to ensure that behavioral health needs are more adequately met.

- > Initiatives to develop measures for quality children's health care delivery.
- > Innovative practice models to guide improved outcomes for children, including perspectives from community-based prevention, health promotion, care coordination and service delivery models.

> FINDINGS FROM RESEARCH

Drawing from NSCAW data and other recent research, Janet Schneiderman of USC, who served as the symposium's Academic Chair, set the context, indicating that health profiles of children in the child welfare system are similar, whether or not they are living in an out-of-home care setting. Data reported on covered:

- > Physical health status including chronic conditions and obesity.

- > Risks of injury and fatalities.
- > Behavioral and developmental risks.
- > Health status differentials related to age.
- > Health care utilization, including mental health and developmental service use.
- > Caregiver issues.

> BRIDGING RESEARCH AND POLICY TO IMPROVE PRACTICE OUTCOMES

Recognizing that research findings can lead to implementation of evidence-based programs and policies, Sarah Zlotnik of PolicyLab provided information on several of its current initiatives, especially highlighting the Child Stability and Well-being (CSAW) study in Philadelphia and research related to use of psychotropic medications. Following on the finding that placement instability was associated with poor behavioral health outcomes, CSAW was launched.

Funded by foundation and government sources, CSAW is a multi-dimensional study aimed at promoting placement stability and child well-being. It is examining 1) the impact of placement stability on educational outcomes; 2) agency characteristics (including workforce) affecting

placement stability; and 3) the relationship between kinship care, placement with siblings, placement stability and behavioral health. To strengthen the behavioral health system's capacity to support quality interventions that work, PolicyLab investigated evidence-based behavioral services and how these services could best be funded, operationalized, monitored and sustained beyond the research study period.

Another PolicyLab study is examining national Medicaid data and state policies related to the use of psychotropic medications for children in foster care. PolicyLab is a leader in efforts to bridge research and policy to improve the behavioral health of children in child welfare and serves as a catalyst to use policy-informed research to understand barriers to meeting the health needs of children in child welfare.

> POLICY CHANGES SET THE STAGE FOR BETTER HEALTH OUTCOMES

Several recent legislative provisions specifically address health outcomes and health care for foster children as well other children who are at high risk for poor health. The laws with relevant provisions include: *Fostering Connections to Success and Increasing Adoptions Act of 2009* (P.L. 110-351); *Children's Health Insurance Program Reauthorization Act of 2009*

(CHIPRA) (P.L. 111-3); *Patient Protection and Affordable Care Act of 2010* (ACA) (P.L. 111-148); and the *Child and Family Services Improvement and Innovation Act* (P.L. 112-34).

Symposium speakers highlighted policy enhancements targeted to improving health care delivery and health outcomes. This included the development of children's health outcome measures by the National Quality Forum; provisions to move toward integration of health and behavioral health care and expand coverage due to the ACA, as highlighted by the Substance Abuse and Mental Health Services Administration (SAMHSA); the status of health care coverage for children, in the context of the ACA, Medicaid and managed care, addressed by the Center for Children and Families at Georgetown University's Health Policy Institute; and innovative Medicaid managed care pilots, quality improvement initiatives and Medicaid data analysis focused on understanding utilization and improving behavioral health outcomes for children in foster care, being implemented through the Center for Health Care Strategies.

> COMMUNITY-BASED STRATEGIES FOCUS ON PREVENTION AND COORDINATION OF CARE

Community-based, collaborative prevention and coordinated care models were highlighted. They included preventive health care education and screening efforts in a rural community in Kentucky; the implementation of a medical managed care unit for children in foster care, a collaboration between health, child welfare and mental health service systems in Baltimore; and efforts to promote more comprehensive, integrated coordinated and preventive care across public health and social service systems, that is family-centered and strengths-based and promotes wellness and safety, in the District of Columbia.

> OVERARCHING ISSUES IDENTIFIED

- > Children transition in and out of foster care and in and out of the child welfare system, suggesting

that there must be a more holistic approach to primary care and behavioral health services and consistent use of screening.

- > There are a growing number of evidence-based practices and innovations at the individual and system level (e.g., early childhood home-visiting, parent-child interaction therapy) that can be adopted and adapted into routine service delivery, requiring attention to the implementation process.
- > Cross-system and interdisciplinary collaboration and training are essential to improve outcomes, along with increased engagement with caregivers, including birth families.
- > The changes occurring due to recent federal legislation will have impact on the health care of high risk children. As more adults have access to health care coverage in 2014, they may increase their use of health and behavioral health services, perhaps resulting in better child welfare outcomes as well.

> AGENDA FOR ACTION

The participants grappled with identifying what changes need to occur to enhance, policies, practices, partnerships and professional development to strengthen quality of care, access to care, and health care coverage to improve children's health and well-being. This resulted in development of an agenda that calls for the following actions:

- > *Promote access and continuity of care for children who have contact with the child welfare system.*
- > *Create systems of communication to achieve better accountability and to improve communications between agencies, providers and managed care organizations.*
- > *Create better focused and coordinated efforts to address health care needs of children served in the child welfare system at the highest levels within state and federal governments.*
- > *Ensure that the voices of families, communities and foster care alumni are included in the development of models to address healthcare needs in the child welfare system.*
- > *Clarify the authority to consent for healthcare, early intervention and other services for those who are in the foster care system and those who are served in their own home.*
- > *Promote the establishment of cross-disciplinary initiatives in universities to serve as models for interdisciplinary community-based practice.*

This convening covered a great deal of territory in a short time and reinforced the understanding that:

- > Legislative changes have brought new opportunities and greater attention to the health outcomes of at-risk children.

- > Success will require people working together – engaging with families and communities and using a strength’s based perspective.
- > State and local governments along with insurance payers and community agencies all have a role to play in working with the federal government to improve

health outcomes and create coordinated service delivery.

- > Research plays an important role in both understanding who is served and in testing innovations.
- > Dissemination of effective innovations is critical to improving health outcomes.

This collaboration between the NASW Social Work Policy Institute, USC and PolicyLab can serve as an example of cross-system and cross-disciplinary knowledge development and can also serve as a model for others to emulate to address critical issues facing our most vulnerable children and families.

SUMMARY RECOMMENDATIONS

- Improve Communications between AGENCIES, PROVIDERS & MCOs
- Ensure Voice of FAMILIES, COMMUNITIES & FOSTER CARE alumni are represented in decisions
- ASK KIDS & FAMILIES
 - What outcomes are important to them?
- Create a more COORDINATED FOCUS on CHILDREN'S HEALTH at the highest levels
- Authority to consent for health, early intervention, and indicated services for those in foster care and at home
- Promote access and continuity of care for all children who have contact with Child Welfare Services
- Create SYSTEMS of COMMUNICATION for understanding & accountability
- Promote cross disciplinary committees within universities to examine how to improve HEALTH OUTCOMES



ABOUT THE SOCIAL WORK POLICY INSTITUTE

The Social Work Policy Institute was established in 2009 and is a division of the NASW Foundation. Its mission is:

- To strengthen social work’s voice in public policy deliberations.
- To inform policy-makers through the collection and dissemination of information on social work effectiveness.
- To create a forum to examine current and future issues in health care and social service delivery.



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