Innovations in Care for Children in Child Welfare

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CHCS Mission

To improve health care access and quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care.

- **Our Priorities**
  - Enhancing Access and Coverage to Services
  - Improving Quality and Reducing Racial and Ethnic Disparities
  - Integrating Care for People with Complex and Special Needs
  - Building Medicaid Leadership and Capacity
## Medicaid Fast Facts

| 68 million | People in the United States with Medicaid coverage. |
| $457 billion | Projected Medicaid spending for FY 2012. |
| Over 1 in 3 | Children in the United States covered by Medicaid and CHIP. |
| 3% | Proportion of Medicaid child population represented by foster children in 2005. |
| $2.8 billion | Estimated Medicaid expenditures for children in foster care in 2005. |
| $1.8 billion | Estimated behavioral health service expenditure for foster children in 2005. |
| 492,618 | Estimated number of children in foster care in 2010. |
| 35 | States enrolling the foster care population in managed care in 2010. |
Watershed Moment(s)...

- Multiple leverage points to improve care, outcomes, and cost
  - **Patient Protection and Affordable Care Act**: Health Homes and Medication Management Provisions
  - **Fostering Connections**: Coordinated Health Plans, Medication Oversight programs
  - **CW Improvement/Innovations Act**: Psychotropic medication, Demonstration Grants
  - **Federal Grant Programs**: CHIPRA Quality Demonstration Grant Program
  - **Foundation Supported Initiatives**: Independent quality improvement projects, data mining and policy analysis
Legislative Opportunities to Improve Health Care for Children in Foster Care

• **Fostering Connections to Success and Increasing Adoptions Act (2008)**
  - Coordinated health plan developed in consultation with state Medicaid agency
  - Oversight of medications prescribed to children in foster care
  - Option to remain in care to age 19, 20, or 21
Legislative Opportunities to Improve Health Care for Children in Foster Care

- **Patient Protection and Affordable Care Act (2010)**

  **CHILD WELFARE-SPECIFIC PROVISIONS**
  - Medicaid coverage through age 26 - *Section 2004*
  - Transition Planning for Child Welfare - *Section 2955*

  **CHILD WELFARE-RELEVANT PROVISIONS**
  - Health Homes - *Section 2703*
  - Home Visiting Services - *Section 2951*
  - Pediatric Accountable Care Organization - *Section 2706*
  - Medication Management Services - *Section 3503*
Legislative Opportunities to Improve Health Care for Children in Foster Care

• **Child and Family Services Improvement and Innovation Act (2011)**
  - Requires protocols for effective use and monitoring of *psychotropic* medications in particular.
  - Requires state CW agencies to outline how they will respond to emotional trauma experienced by children in foster care.
  - Renews (2012-2014) the Secretary of Health and Human Services’ ability to authorize up to 10 demonstration projects, which includes applications with a focus on well-being.
CHCS Child Welfare-Related Initiatives

- Faces of Medicaid: Children’s Behavioral Health Service Utilization and Expenditure Study
- CHIPRA Care Management Entities Collaborative
- Child Welfare Quality Improvement Collaborative

Upcoming Projects…
- Improving the Use and Monitoring of Psychotropic Medication among Children in Child Welfare: A Multi-State Collaborative
- Child Welfare Model of Care Pilot Program
Faces of Medicaid: Foster Children

• 3% of the Medicaid population

• 32% of Medicaid behavioral health service users
  - 60% use Therapeutic OP counseling
  - 44% use Psychotropic medications
  - 20% use Family therapy/education/training
  - 17% use Substance abuse treatment
  - 6% use Medicaid residential treatment
  - 5% use Medicaid IP psychiatric treatment

• Medicaid behavioral health expenditures are comparable to the disabled population
  - Mean expenditure of $1,843 vs. $1,861 for disabled (847 for TANF)

Source: CHCS forthcoming analysis of Medicaid claims data for 2005
Child Welfare, Medicaid and Managed Care

• 3.3 million child welfare referrals involving an estimated 6 million children.¹
• 1.25 million substantiated case of abuse/neglect.¹
• 686,400 children placed in foster care.¹
• 73% of Medicaid children are enrolled in managed care.²
• 35 states enroll foster children in Medicaid managed care.³

Sources: ¹ Child Maltreatment 2009, ACF; ² 2010 Medicaid Managed Care Enrollment Report, CMS; ³ Unpublished study, Center for Health Care Strategies, 2011.
Child Welfare Quality Improvement Collaborative

• 3-year child welfare quality improvement initiative working with Medicaid MCOs

• Project Goals:
  - Improve access to care
  - Improve coordination of care
  - Improve appropriateness of care

• Highlighted Outcomes
  - Overall aims achieved
  - Established critical - and enduring - partnerships with child welfare agencies
## Overview of Plans’ CW Initiatives

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<th>Participating MCO</th>
<th>Project Goal</th>
<th>Impact</th>
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| Connecticut Behavioral Health Partnership               | Improve access and reduce waiting times for needed behavioral health services for children entering the child welfare system. | • 60% increase in the number of children with BH needs who received services within 60 days.  
• Decreased average time to an appointment for behavioral health services from 22.5 days to 6.5 days (71% improvement). |
| Magellan Florida                                       | Prevent kinship placement disruption due to behavioral health problems with the support of Kinship Navigators.                   | • Maintained kinship placements for 100% of kinship caregivers of children with BH needs. |
| Massachusetts Behavioral Health Partnership             | Address outlier psychotropic provider prescribing patterns and simplify medication regimes for children who have been stable for at least six months. | • Reduced psychotropic polypharmacy among 84% of targeted DCF youth eligible for medication simplification. |
| Mid Rogue                                              | Provide and coordinate health assessments to support medical homes for children newly placed in out-of-home care.                | • Established a medical home for 88% of children entering foster care.   |
| UPMC for You                                           | Develop and send electronic health records to Allegheny County child welfare workers for all children in foster care. Improve rates of annual well child visits, annual preventive dental visits; and access to behavioral health services for children new to foster care. | • Increased well-child visit rate among children entering foster care from 53% to 78.5%.  
• Increased annual dental visit rate for children entering foster care from 60% to 75%.  
• Created and provided to county CYF an electronic Health Record for 100% of children entering foster care. |
| Volunteer State Health Plan                            | Increase provider use of electronic health records and review of the clinical health records of newly placed foster care children prior to the initial medical exam. | • Increased providers were found to review the CHR for 52% of children, compared to a baseline rate of 27%. |
Working with State Medicaid Agencies

• Care Management Entities

- A CME is an organizational entity that provides a youth-guided, family-driven, and strengths-based approach to care, offering intensive care coordination across public agencies and providers and access to home- and community-based services and peer supports as alternatives to costly residential and hospital stays.

- 5-year CMS CHIPRA grant to implement and test the CME model for children with serious behavioral health needs, including children in child welfare.
CHIPRA CME Grant Project

• Three state collaborative: Maryland, Georgia, and Wyoming

• Implementing state-specific CME approaches to achieve four goals:
  - Improving access to home and community-based care
  - Improving clinical and functional outcomes
  - Improving youth and family resiliency
  - Improving costs of care

• National and Collaborative-sponsored evaluations
Take-aways...

- Children in foster care are a special needs population.
- Efforts at federal, state, and local levels to focus on access, quality and outcomes of health-related care for the child welfare population is warranted and emerging.
- Psychotropic medication use is a central issue to improving the quality of care and outcomes.
- Continued attention to systems to monitor and improve care – and policies to support them – is needed.
QUESTIONS?
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