Using the New Science to Guide Child Welfare Policy and Decision making:

*Integrating Safety, Permanency & Child Well-Being*

Clare Anderson, Policy Fellow

Chapin Hall at the University of Chicago
Policy research that benefits children, families, and their communities
Policy Context:
Adoptions and Safe Families Act 1997

- The safety of children is the paramount concern that must guide all child welfare services
- Foster care is a temporary setting and not a place for children to grow up
- Permanency planning efforts should begin as soon as a child enters the child welfare system
- Child welfare system must focus on results and accountability
- Federal funding should be used to promote safety, permanency, and well-being
Child Welfare Impacts: 2010-2013

- **Guidance**: Defined Well-being in a Safety and Permanency world, and charted a well-being course for the field

- **Funding**: Organized discretionary funding to implement well-being approach, and proposed new funding (ACYF & CMMI grant making; President’s budget proposals)

- **Policy**: Leveraged policy opportunities to implement well-being approach (reauth of PSSF; IV-E waivers)

- **Partnerships**: Created an unprecedented partnership across ACYF, SAMHSA and CMS to focus on well-being of children known to child welfare (Dear State Director letters and other guidance, and President’s FY15 budget)
Growing Body of Science & Related Practice

- Child Development (on-target or derailed)
- Adverse Childhood Experiences
- Trauma (& subsequent MH needs)
- Toxic Stress
- Brain Science
- Domains of Well-being (social, emotional, behavioral, cognitive, physical)
- Evidence-based screening, assessment, and interventions (& progress monitoring)
- Over-reliance on Psychotropic Medication
Science is Fragmented...

...And Not Aligned

Chapin Hall
Using the Best Available Science to Create a Well-being Framework

Child and Adolescent Development

Mental Health and Wellness

Complex Trauma

Risk and Resilience

Medicine

Neuroscience

Child Welfare

Adverse Childhood Experiences

PROMOTING WELL-BEING OF CHILDREN AND YOUTH INVOLVED IN CHILD WELFARE SYSTEM
How: Steps to Translate the Science & Set the Course

- Started with the research/science
- Used the data to make the case
- Developed a clear message and repeated
- Made it measurable and actionable
- Engaged partners and found champions
- Used policy levers
- Used fiscal levers
- Connected the dots
- Presented the costs
Started with the Research: Adverse Childhood Experiences Study

- The landmark study of Adverse Childhood Experiences (ACEs) links negative early experiences to poor physical health outcomes, including obesity, heart disease, stroke, cancer, liver disease, etc.

- There is a linear relationship between the number of ACEs experienced and the likelihood of poor health outcomes.

- Six or more ACEs decreases life expectancy by 20 years

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Started with the Research:
Adverse Childhood Experiences Study

“We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases. Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.”

Maltreatment during early childhood can cause vital regions of the brain that lead to a variety of physical, emotional, cognitive, and mental health problems.

Maltreatment results in difficulties regulating emotional reactions, rage, dissociation, changes in perception of self and others, and changes in understanding and interpreting events.


Used the Data: ACEs and NSCAW Equivalents

- ACE Study
- Child Welfare Involved Children

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>ACE Study</th>
<th>Child Welfare Involved Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>36%</td>
<td>1%</td>
</tr>
<tr>
<td>1</td>
<td>26%</td>
<td>6%</td>
</tr>
<tr>
<td>2</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>3</td>
<td>10%</td>
<td>22%</td>
</tr>
<tr>
<td>4 or more</td>
<td>51%</td>
<td>13%</td>
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</tbody>
</table>

Used the Data: Overlap of Trauma & Mental Health Symptoms at Foster Care Entry (IL)

(Griffin, McClelland, Holzberg, Stolbach, Maj, & Kisiel, 2012)
Used the Data: Higher Rates of Antipsychotic Medication

Antipsychotic Utilization Rate among Children Covered by Medicaid
By Foster Care Status, FY 2007

- **In Foster Care**: 12.4%
- **All Other Children**: 1.4%

Medicaid Medical Directors Learning Network and Rutgers Center for Education and Research on Mental Health Therapeutics.

Developed a Clear Message and Repeated: Present, Present, Present, Present

Getting to Well-Being: Moving Research to Practice
A Federal Perspective

BRYAN SAMUELS, COMMISSIONER
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
INFORMATION MEMORANDUM

TO: State, Tribal and Territorial Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act, Indian Tribes and Indian Tribal Organizations

SUBJECT: Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services

PURPOSE: To explain the Administration on Children, Youth and Families priority to promote social and emotional well-being for children and youth receiving child welfare services, and to encourage child welfare agencies to focus on improving the behavioral and social-emotional outcomes for children who have experienced abuse and/or neglect.

http://www.acf.hhs.gov/programs/cb/resource/im1204
### Made it Measureable & Actionable: Well-being is Measureable

<table>
<thead>
<tr>
<th>Intermediate Outcome Domains</th>
<th>Well-Being Outcome Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environmental Supports</strong></td>
<td><strong>Personal Characteristics</strong></td>
</tr>
<tr>
<td><strong>Cognitive Functioning</strong></td>
<td><strong>Physical Health and Development</strong></td>
</tr>
<tr>
<td><strong>Emotional/Behavioral Functioning</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Social Functioning</strong></td>
<td><strong>Social and Emotional Well-Being Domains</strong></td>
</tr>
</tbody>
</table>

#### Infant (0-2)
- Family income, family social capital, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)
- Temperament, cognitive ability
- Language development
- Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI
- Self-control, emotional management and expression, internalizing and externalizing behaviors, trauma symptoms
- Social competencies, attachment and caregiver relationships, adaptive behavior

#### Early Childhood (3-5)
- Family income, family social capital, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)
- Temperament, cognitive ability
- Language development, pre-academic skills (e.g., numeracy), approaches to learning, problem-solving skills
- Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI
- Self-control, self-esteem, emotional management and expression, internalizing and externalizing behaviors, trauma symptoms
- Social competencies, attachment and caregiver relationships, adaptive behavior

#### Middle Childhood (6-12)
- Family income, family social capital, social support, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)
- Identity development, self-concept, self-esteem, self-efficacy, cognitive ability
- Academic achievement, school engagement, school attachment, problem-solving skills, decision-making
- Normative standards for growth and development, overall health, BMI, risk-avoidance behavior related to health
- Emotional intelligence, self-efficacy, motivation, self-control, prosocial behavior, positive outlook, coping, internalizing and externalizing behaviors, trauma symptoms
- Social competencies, social connections and relationships, social skills, adaptive behavior

#### Adolescence (13-18)
- Family income, family social capital, social support, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)
- Identity development, self-concept, self-esteem, self-efficacy, cognitive ability
- Academic achievement, school engagement, school attachment, problem solving skills, decision-making
- Overall health, BMI, risk-avoidance behavior related to health
- Emotional intelligence, self-efficacy, motivation, self-control, prosocial behavior, positive outlook, coping, internalizing and externalizing behaviors, trauma symptoms
- Social competence, social connections and relationships, social skills, adaptive behavior
Made it Measureable & Actionable: Well-being is Actionable

context: therapeutic, responsive & supportive settings & relationships

- Validated Screening
- Clinical Assessment
- Functional Assessment

Case Planning for Safety, Permanency, and Well-being

Evidence-based Intervention(s)

Outcomes: Safety, Permanency, Well-Being

Progress Monitoring

social-emotional functioning
Made it Measureable & Actionable: Use of Assessment, EBPs and Progress Monitoring

- Children who have experienced trauma have significant behavioral health needs, which drive their health care costs.

- The Academy of Child and Adolescent Psychiatrists recommends psychotherapy as the first-line treatment for PTSD; yet many children receive medication first and in the absence of evidence-based psychosocial intervention.

- A trial of Cognitive Behavioral Therapy (CBT) with 3-6 year-old children with PTSD demonstrated improvement across symptom categories:

Number of symptoms pre- and post-treatment with CBT among children 3-6 years-old with PTSD:

- Post-Treatment
- Pre-Treatment

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Post-Treatment</th>
<th>Pre-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>2.0%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Attention Deficit/Hyperactivity Disorder</td>
<td>5.9%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Seasonal Affective Disorder</td>
<td>1.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>1.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>3.5%</td>
<td>8.1%</td>
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Scheeringa, 2013
Found Partners & Champions: Helped Others to Own It (& Vice/Versa)

CMS Guidance Documents

- Prevention and Early Identification of Mental Health and Substance Use Conditions
- Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions
- Coverage and Service Design Opportunities for Individuals with Mental Illness and Substance Abuse Disorders

CMS Innovation Center – Round Two Innovations Competition

- Models that improve care for populations with specialized needs:
  - Children in Foster Care
  - Adolescents in Crisis
Found Partners & Champions: Joint Effort with Other HHS Agencies

ACYF, CMS and SAMHSA

• Tri-Director Letter on Use of Psychotropics with Children in Foster Care

• Tri-Director Letter on Addressing Trauma with Children Known to Child Welfare (also financing)
Found Partners & Champions: This work lives on!!

May 14, 2014 Webinar: Encouraging the Integrated Use of Trauma-Focused Screening, Functional Assessments, and Evidence-Based Practices to Improve Children's Well-Being

• Barbara Coulter Edward, CMS
• Larke Huang, SAMHSA
• JooYeun Chang, ACYF
• Stephanie Fisher, CHIPRA Grant Manager
  Division of Healthcare Financing Medicaid, Wyoming Department of Health
• Barb Putnam, Creating Connections Project Supervisor
  Well Being and Adolescent Services Children’s Administration, Washington State Department of Social and Health Services
• Erika Tullber, Assistant Research Professor, Department of Child and Adolescent Psychiatry
  NYU School of Medicine
• Lisa Conradi, Chadwick Center for Children and Families, Rady Children’s Hospital
“The guidance is informed by emerging research as well as the landmark Adverse Childhood Experiences (ACE) Study, which demonstrated…”

“These consequences represent unfulfilled human potential and significant costs to health care systems.”

http://www.hhs.gov/secretary/about/blogs/childhood-trauma-recover.html
Used Policy Levers: PSSF Reauth

*Child and Families Services Improvement and Innovation Act of 2011*

- Title IV-B agencies to include in the health care services plan an outline of:
  - how the title IV-B agency will monitor and treat emotional trauma associated with a child’s maltreatment and removal
  - protocols for the appropriate use and monitoring of psychotropic medications
Used Policy Levers: Child Welfare IV-E Waivers

IV-E Waivers – Information Memorandum

*Priority* given to applicants that test or implement projects that will:

- Produce positive **well-being outcomes**...with attention to trauma...
- Enhance **social and emotional well-being** for children available for adoption...

17 States in FYs 12 and 13

Used Funding Levers: Discretionary Funding

- *Initiative to Improve Access to Needs-driven, Evidence-based/Evidence-informed Mental and Behavioral Health Services in Child Welfare*
  

- *Promoting Well-being and Adoption after Trauma*
  

- *Regional Partnership Grants to Increase the Well-Being of and to Improve the Permanency Outcomes for Children Affected by Substance Abuse*
  
Used Funding Levers: President’s Budget Proposals

• FY12: $252 million ($2.5 billion over ten years)
  – Improving the well-being
  – Evidenced-based interventions that adequately address trauma
  – building capacity in child welfare and mental health systems.
Used Funding Levers: President’s Budget Proposals

• FY15 Proposal: $750 million over 5 years
  – Address the over-prescription of psychotropic medications for children in foster care
  – Implement more effective courses of treatment including evidence-based therapies for children and youth
  – Demonstration states would receive $250 million in funding through ACF
  – Investment is paired with $500 million in performance-based incentive payments administered by CMS for states to improve care coordination and service delivery
“As Commissioner of the Administration on Children, Youth and Families (ACYF),
I have worked to develop a national child welfare strategy that builds on this
progress and pushes us to achieve even better outcomes for young people who
have experienced maltreatment. *Promoting social and emotional well-being for
children and youth is the cornerstone of this strategy.*”

- Information Memorandum: Promoting Social and Emotional Well-being
- Child Welfare Waiver Demonstration Projects
- Discretionary Funding
- Addressing Psychotropic Medication

“Although these may seem like discrete activities, we see them as part of a larger
whole – a coordinated effort to drive the next wave of reform in child welfare. These
initiatives and activities amplify one another and move us steadily in the direction of
meaningful, measurable improvements in well-being for our most vulnerable children.”

http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/well-being.html
“In fiscal year (FY) 2012, the Administration on Children, Youth and Families (ACYF) disbursed $46.6 million to States, Tribes, Territories, and local entities and granted title IV-E child welfare waivers to nine States with the goal of more fully integrating the three aims of child welfare in the U.S.: safety, permanency, and well-being. **These projects have a specific focus on addressing trauma and improving the well-being of children, youth, and families.**

...Research has even shown that children who experience complex interpersonal trauma are more likely to have poor physical health as adults, at greater risk for many of the leading causes of death, including diabetes, heart disease, and cancer.”

“Presented Costs: Average Lifetime Cost of Maltreatment: $210,000

"Compared with other health problems, the burden of child maltreatment is substantial, indicating the importance of prevention efforts to address the high prevalence of child maltreatment."

Presented Costs:
Chronic Health Conditions in NCSAW II

• NSCAW II findings suggests that the true prevalence of CHC among children investigated by child welfare agencies is at least double.

• Depending on the measure used, 31.6% to 49.0% of all children investigated were reported by their caregivers to have a chronic health condition.

• For children ages 11 and over, 41.6% to 64.9% were reported by their caregivers to have a chronic health condition.

• These findings are dramatic and show that when compared with the health of the nation’s children as a whole, the proportions of investigated children affected by health challenges are far higher for every method used than are the usual national population-based rates of CHC of 12.8% to 19.3% in the literature.

• These findings can be generalized to a large population of children at high risk: namely, the 5.9 million children identified in 3.3 million child welfare reports, of whom 60% are investigated for potential abuse and neglect.
Presented Costs: Examining Children’s Behavioral Health Services Utilization & Expenditures

• Less than 10 percent of children in Medicaid use behavioral health care, but this care accounts for roughly 38 percent of Medicaid expenditures for children;

• Children in foster care and those on SSI/disability represent one-third of the Medicaid child population using behavioral health care, but 56 percent of total behavioral health expenses; and

• Almost 50 percent of children in Medicaid prescribed psychotropic medications received no accompanying identifiable behavioral health services

Developmental Origins of Health and Disease

Timely intervention produces substantial risk reduction

Impact of adult intervention is small

COSTS OF CARE

Fixed genetic contribution to risk is small