Opportunities for Primary Care and Medicaid to Help Prevent Child Welfare System Involvement

May 24, 2023
12:00-1:00 p.m. ET

Supported by the Conrad N. Hilton Foundation
Welcome & Introductions
Questions?

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Agenda

• Welcome and Introductions
• Report Findings and Policy Recommendations
• Panel Discussion: How Medicaid Can Support Primary Care Approaches to Prevent Child Welfare System Involvement
• Q&A
Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:

- **Effective models for prevention and care delivery** that harness the field’s best thinking and practices to meet critical needs.

- **Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.

- **Equitable outcomes for people** that improve the overall well-being of populations facing the greatest needs and health disparities.
Project Overview

• With support from the Conrad N. Hilton Foundation, CHCS undertook a project to:

  1. Define the role of primary care in preventing families’ involvement with the child welfare system;

  2. Identify practice-level challenges and approaches for implementing effective interventions; and

  3. Develop Medicaid recommendations to help mitigate child welfare involvement through primary care.

• As part of this exploration, CHCS conducted a literature review, key informant interviews, and a small group convening, including providers, researchers, and Medicaid financing experts.

CHCS's paper describing key findings and recommendations is forthcoming.
Report Findings and Policy Recommendations
Background

• The child welfare system has shifted priorities toward preventing out-of-home placement
  
  → Yet, over 200,000 children entered foster care in 2021
  
  → Black and Indigenous families are disproportionately reported to child protective services (CPS) and are overrepresented in foster care

• As a critical connection point between families, health, and health-related systems, primary care practices have a key role to play in preventing families’ involvement in the child welfare system
  
  → Mandated reporters, including health care providers, are required to report cases of suspected child maltreatment to CPS

• Medicaid covers nearly 40% of all children, over half of Black, Latino, and Indigenous children, and is an important source of coverage for children in or at risk of involvement with the child welfare system
Opportunities for Pediatric Primary Care to Prevent Child Welfare System Involvement

Primary care practices are well-positioned to prevent child welfare involvement by providing more comprehensive care and preventing unwarranted CPS reporting.

1. Integrate medical, behavioral health, and social services
   - Address risk factors and promote protective factors related to child maltreatment such as behavioral health needs, relational health risks, and health-related social needs (HRSN)
   - Reduce inequitable barriers that families of color face in accessing behavioral health services and social supports

2. Emphasize relational health, dyadic care approaches, and child and family developmental supports
   - Implement family-focused interventions that support safe, stable, nurturing relationships, social-emotional development, caregiver mental health, and family functioning
Primary care practices are well-positioned to prevent child welfare involvement by providing more comprehensive care and preventing unwarranted CPS reporting.

3. **Adopt policies and practices to advance equity and anti-racism**
   - Strengthen awareness of inequities in the child welfare system, the role of CPS, & the impact of reporting to CPS
   - Increase objective decision-making to reduce bias in reporting to CPS
   - Implement practices such as training providers in cultural humility and providing interpretation services for families

4. **Engage and partner with families to provide accessible, family-centered care**
   - Build trust with families, which can help families communicate openly and support children in receiving the care they need
   - Partner with and advocate for families who are involved with the child welfare system or at risk of being referred to CPS because of biases
Strategies to Expand Primary Care Practice Capacity

Primary care practices often face time and resource limitations that are barriers to providing comprehensive care. Strategies to alleviate these barriers include:

- **Expanding team-based care** such as incorporating community health workers

- **Leveraging tools** such as those that engage families prior to a visit, referral systems, and care planning tools

- **Implementing training to** address risk factors, promote protective factors, and reduce unwarranted CPS reporting
Example Strategies to Expand Primary Care Practice Capacity

Example Model: Safe Environment for Every Kid (SEEK):
The SEEK model provides training to PCPs to address risk factors associated with child maltreatment, including caregiver behavioral health challenges, stress, intimate partner violence, food insecurity, and challenges with discipline and punishment.

Example Training Topics

- Strengths-based screening and assessment
- Early relational health
- Behavioral health
- HRSN
- Referral systems
- Implementing team-based care
- Racial bias
- Child welfare system
- Mandated reporting requirements
Recommendations for State Medicaid Agencies

1. Implement primary care payment approaches that support integrated, equitable, team-based care and child and family well-being.

2. Use managed care contracts to prioritize primary care quality improvement for children.

3. Support primary care capacity and workforce development to identify and address behavioral health, early relational health, and health-related social needs and prevent unwarranted CPS reporting.

4. Collaborate across Medicaid, child welfare, and other child-serving state agencies to align services, policy, and financing.
RECOMMENDATION 1
Implement primary care payment approaches that support integrated, equitable, team-based care and child and family well-being.

• Enhance benefits to support team-based care
• Remove diagnosis requirements to improve access to behavioral health, relational health, and dyadic services
• Pay for services related to identifying and addressing social needs
• Implement value-based payment approaches

California’s dyadic services and family therapy benefit is designed to prevent and address child and family behavioral health and relational health needs and covers a range of services for the child and their caregiver(s) prior to a child receiving a diagnosis.
RECOMMENDATION 2

Use managed care contracts to prioritize primary care quality improvement for children.

- Develop a quality measurement approach that focuses on child and family well-being
  - Setting higher benchmarks
  - Implementing performance incentives
  - Addressing gaps in quality measurement

- Implement contract requirements to support primary care practices in implementing comprehensive care

Oregon’s incentive measure for its contracted Coordinated Care Organizations (CCO) is focused on enhancing equitable access to CCO covered social-emotional services for children ages 0-5 that span across primary care, integrated behavioral and specialty behavioral health.
RECOMMENDATION 3
Support primary care capacity and workforce development to identify and address behavioral health, early relational health, and health-related social needs and prevent unwarranted CPS reporting.

- Develop and implement training for primary care practices on implicit bias, the child welfare system and reporting requirements, and to expand their care teams
- Provide training, technical assistance, & peer-to-peer learning to integrate care
- Invest in technology to integrate and coordinate care (e.g., community resource/referral systems)

**New York’s** state Medicaid agency requires that children’s home- and community-based service providers receive mandated reporter training, which is provided by the state’s child welfare agency. This training includes a focus on implicit bias in an effort to prevent unwarranted reports to CPS.
RECOMMENDATION 4
Collaborate across Medicaid, child welfare, and other child-serving state agencies to align services, policy, and financing.

• Improve state collaborations
  → Identify key partners and roles
  → Implement strong communication processes
  → Develop shared vision and goals

• Align policy and funding (e.g., across Medicaid and Title IV-E) and integrate data

• Promote local collaboration such as cross-sector training and standardized screening and assessment

Ohio’s specialized managed care plan for children and youth with complex behavioral health needs, OhioRISE, is led by the state Medicaid agency in collaboration with an interagency council that includes the state child welfare agency, among other state agencies.
Panel Discussion: How Medicaid Can Support Primary Care Approaches to Prevent Child Welfare System Involvement
Meet Today’s Panelists

Teresa Fuller, MD, PhD
Pediatrician
Main Street Pediatrics
Owings Mill, Maryland

Kathryn Margolis, PhD
Associate Professor of Psychiatry and Pediatrics and Director, Division of Integrated Behavioral Health, Zuckerberg San Francisco General Hospital and Trauma Center, University of California, San Francisco

Colleen Reuland, MS
Director, Oregon Pediatric Improvement Partnership and Instructor in the Pediatrics Department at Oregon Health & Science University
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