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Addressing Unaddressed Needs: Helping Agencies Target Services to Children and Caregivers in Child Welfare

Children and caregivers in the child welfare system have an acute need for health, mental health, and substance abuse services, but many of these needs are not being met through timely services.

Each year in the United States, hundreds of thousands of children are reported to the child welfare system for abuse or neglect. In 2014, 702,000 children were deemed victims of child maltreatment, and 147,462 entered foster care.¹

Despite contact with a child protection agency, many families struggle to obtain the right services to ensure a safe and nurturing environment for their children. It's vital to understand these families' health care needs and how to meet them effectively and efficiently, especially given the limited resources for child welfare services. This brief presents current data on this topic and highlights areas for future research.



WHAT CHILDREN NEED AND WHAT THEY RECEIVE²

Findings from the second National Survey of Child and Adolescent Well-Being (NSCAW II) show major physical and mental health needs among children whose families were investigated by child protective services. But there is often a gap between service needs and service receipt. Specifically, 18 months after a child welfare investigation in 2008 or 2009:

- Most or almost all children received routine health services such as check-ups, immunizations, and dental, hearing, and vision services.
- About a third (31 percent) had visited an emergency room or urgent care clinic in the past 12 months—more than double the average for the general population.
- Among children ages 1 to 5, 43 percent had developmental problems, but less than 20 percent had an Individualized Family Service Plan. Fifty-six percent of children ages 6 to 17 had developmental problems (including cognitive issues), but only 25 percent had an Individualized Education Program.
- Among children ages 18 months or older, 37 percent were at risk for an emotional or behavioral disorder. For older children, ages 11 to 17, the risk was greater—52 percent were at risk for an emotional and behavioral problem, and 14 percent were at risk for a substance abuse problem. Only 24 percent of all children, however, received any behavioral health services in the past year, including in-patient or out-patient services, primary care, or school-based services.
- Twelve percent of children were on at least one psychotropic drug, with 3 percent of children on two psychotropic drugs and 3 percent on three or more.

Among children ages 11 to 17, 52 percent were at risk* for an emotional and behavioral problem, and 14 percent were at risk for a substance abuse problem, but only 24 percent of all children received any behavioral health services in the past year.

*"At risk" is defined as a child's score on standardized measures in the clinical range.



WHAT PARENTS NEED AND WHAT THEY RECEIVE³

The NSCAW II also revealed significant service needs and challenges accessing services among parents after a child welfare investigation. Among parents whose children were living at home 18 months after such an investigation in 2008 or 2009:

- Fifty-five percent lived below the poverty level.
- Fifty percent were on public health insurance, and 30 percent were uninsured.
- Seventy-four percent received some other kind of federal or state-supported public benefits (for example, benefits from Temporary Assistance for Needy Families; the Special Supplemental Nutrition Program for Women, Infants, and Children; the Supplemental Nutrition Assistance Program; Supplemental Security Income; or housing programs).
- Twenty percent of caregivers scored within the clinical range for major depression, and 31 percent had an identified need for mental health services. Twenty-eight percent reported receiving inpatient or outpatient services or prescription medication for a mental health problem in the past year.
- Twenty-five percent needed substance abuse services, but only 2 percent received inpatient or outpatient services for alcohol or substance abuse in the past 12 months.
- Thirty percent of mothers had suffered from intimate-partner violence in their lifetime, with a third (34 percent) identified as needing services. But only 2 percent of mothers received domestic violence services in the past 12 months.

Use of Medicaid services among children in the child welfare system

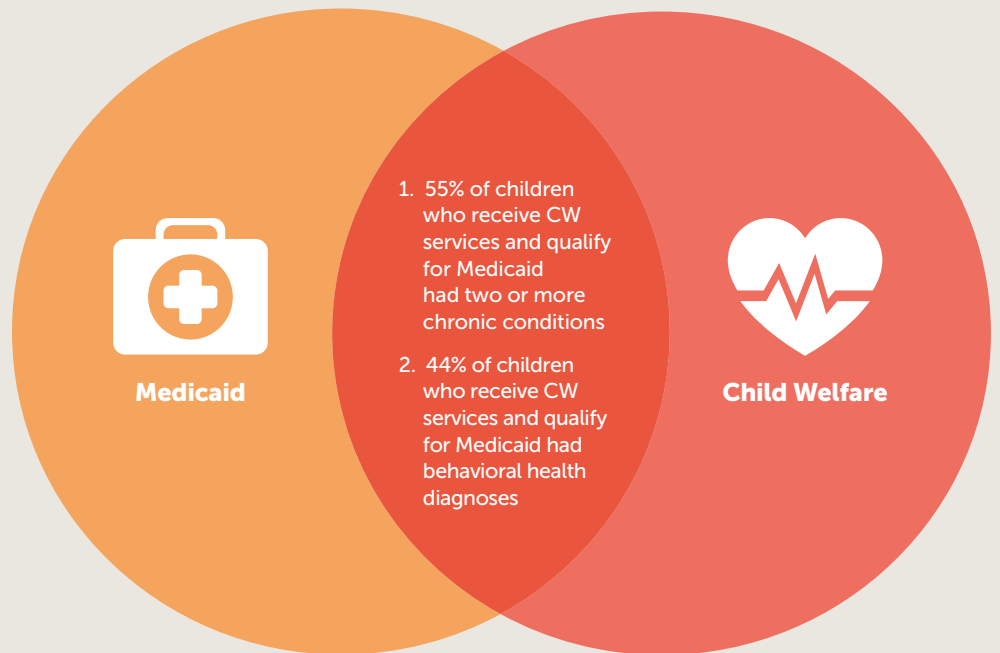


Figure 1

MEDICAID AND CHILD WELFARE⁴

Many children receiving child welfare services have significant health care needs, which often exceed those of other low-income children. Many of these needs aren't being met when the children enter foster care. Medicaid is the primary health care provider for children in the child welfare system, who make up a large percentage of Medicaid expenditures.

Among children who qualify for Medicaid based on receipt of child welfare services:

- Roughly 55 percent have two or more chronic conditions. The most common physical health problems are skin conditions, asthma, anemia, malnutrition, and manifestations of child maltreatment.
- Just under half (44 percent) had behavioral health diagnoses. Yet these children account for more than three-quarters (78 percent) of expenditures in this eligibility group. The three most common behavioral health diagnoses are hyperkinetic disorder (a severe form of attention deficit hyperactivity disorder marked

by sustained restless, inattentive, disorganized behavior);⁵ adjustment reaction (a short-term emotional or behavioral reaction to a stressful event or change in a child's life, which is considered a maladaptive or unhealthy response);⁶ and episodic mood disorders (major depressive or bipolar disorder).

- Average Medicaid expenditures per capita for children receiving child welfare services or with a disability are much higher than those for other children receiving Medicaid. In the most expensive quartile of children who have a behavioral health diagnosis and receive child welfare services, each child costs an average of \$21,000 a year (in 2011 dollars).

LOOKING AHEAD

Children and caregivers in the child welfare system have an acute need for health, mental health, and substance abuse services, but many of these needs are not being met through timely services. Researchers have started to study these and related issues, but more research is needed to help child welfare, Medicaid, and other health agencies better target their services to these families, meet families' needs, and curb excess costs.

For example, Casey Family Programs and Mathematica are studying the super-utilization of services among children and families that use a disproportionate amount of child welfare, Medicaid, and other services. The goal of this study is to better understand the characteristics and service use of the families and to help child welfare and Medicaid agencies develop more effective, targeted service delivery upfront. Providing such services early on may reduce the need for more expensive interventions such as foster care. The study is focused on two sites: Tennessee and a three-county region of Florida that includes Hillsborough, Pinellas, and Pasco counties. Results from this research partnership should be available starting in mid-2017.

ENDNOTES

¹ U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Administration on Children, Youth and Families, Children's Bureau. "Child Maltreatment 2014." 2016. Available at <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>. Accessed October 17, 2016.

² Casanueva, C., L. Stambaugh, S. Tueller, M. Dolan, and K. Smith. "NSCAW II Wave 2 Report: Children's Services." OPRE Report No. 2012-59. Washington, DC: Office of Planning, Research and Evaluation, ACF, HHS, 2012. Available at http://www.acf.hhs.gov/sites/default/files/opre/nscaw_childrens_services_report_wave_2_june_2014_final_report.pdf. Accessed October 17, 2016.

³ Dolan, M., C. Casanueva, K. Smith, S. Lloyd, and H. Ringeisen. "NSCAW II Wave 2 Report: Caregiver Health and Services." OPRE Report No. 2012-58, Washington, DC: Office of Planning, Research and Evaluation, ACF, HHS, 2012. Available at http://www.acf.hhs.gov/sites/default/files/opre/nscaw_ii_wave_2_caregiver_health_and_services_dec_2012.pdf. Accessed October 17, 2016.

⁴ Medicaid and CHIP Payment and Access Commission. "Behavioral Health in the Medicaid Program—People, Use, and Expenditures: Report to Congress on Medicaid and CHIP." Washington, DC: Medicaid and CHIP Payment and Access Commission, June 2015.

⁵ Cameron, M., and P. Hill. "Hyperkinetic Disorder: Assessment and Treatment." *Advances in Psychiatric Treatment*, vol. 2, 1996, pp. 94–102.

⁶ Ascent Children's Health Services. "Effects, Signs, and Symptoms of Adjustment Disorder." 2016. Available at <http://www.ascentchs.com/mental-health/adjustment-disorder/symptoms-signs-effects/>. Accessed October 17, 2016.

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