

BRIEF

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Clare Anderson, Policy Fellow

Sonali Patel, Policy Fellow

Chapin Hall at the University of
Chicago

Child Welfare and Systems of Care: Opportunities for Partnership

Purpose of this Issue Brief

Child welfare agencies are understanding more than ever before the complex array of challenges faced by the children they serve. Recent advances in neuroscience and research on trauma and the impact of early adversity on child development provide a strong foundation for determining how best to assess the functional and developmental needs of children and meet those needs effectively. With this increased knowledge comes an acute awareness within child welfare that it cannot meet the needs of children and families without collaborating in more meaningful ways with mental health and Medicaid across systems to build an array of evidence-based and evidence-informed treatments to effectively improve functioning. Recent policy and funding initiatives at the Federal level designed to promote well-being and healthy development provide an important opportunity for Systems of Care and child welfare to partner to improve outcomes.

This issue brief describes the new Federal opportunities and offers suggestions for how Systems of Care (SOC) may deepen existing partnerships or initiate partnerships with child welfare that leverage resources across disciplines and ensure an integrated provision of services for children and families with complex needs.

Background

Child welfare's longstanding policy mandate is safety, permanency, and well-being for children and families served. While significant advances have been made in the last two decades to measurably improve safety and permanency, challenges in defining well-being within the child welfare context, making it actionable, and measuring progress have remained. When efforts to address well-being have occurred, the child welfare system has focused primarily on measuring progress for a child and family based on whether or not they received services, which have often been generic in nature (i.e. counseling, parenting classes, etc.). There hasn't been wide use of evidence-based or evidence-informed interventions or standardized assessment tools to show if improvements in functioning are occurring for the child and family.

In recent years, however, the Federal government has focused renewed and specific attention on well-being by encouraging child welfare agencies to implement evidence supported interventions and measure how young people are doing behaviorally, socially, and emotionally over time. Gaining an understanding of whether a child is on-track developmentally, and taking action to bring a child back onto a healthy developmental trajectory, is a primary aim of the effort. This focus has been articulated in numerous Federal guidance documents and funding opportunity announcements, some of which are described below, and aligns well with the System of Care principles related to ensuring that children and youth receive effective services, and their improvements to manage the achievement of goals are tracked and monitored.

Defining Well-being and its Key Domains- Federal Guidance

In 2012, the U.S. Department of Health and Human Services' (HHS) Administration on Children, Youth, and Families (ACYF) released a guidance memorandum ([ACYF-CB-IM-12-04](#)) to child welfare agencies to explain its priority to promote social and emotional well-being for children and youth receiving services. It included an extensive review of the literature and a framework (adapted from Lou, Anthony, Stone, Vu, & Austin [2008]) for understanding and acting upon well-being needs. The framework identifies four basic domains of well-being:

1. Cognitive functioning
2. Physical health and development
3. Behavioral/emotional functioning
4. Social functioning

It notes that functioning within each of those four domains will vary due to age or the developmental trajectory of a given child or youth. Furthermore, the framework highlights both internal and external factors that impact a child's well-being including environmental supports (i.e. family income, community supports, etc.) and personal characteristics (i.e. temperament, identity development, and genetic and neurobiological influences).

Through this guidance document, ACYF signaled to child welfare the need to focus on the same areas of concern identified in System of Care principles. It also offers a manageable starting point for addressing well-being by prioritizing the social and emotional domains for several reasons including:

- Trauma and maltreatment can create an immediate set of challenges in the emotional/behavioral and social domains.
- Federal child welfare resources and policies exist that can be leveraged to improve child functioning in these areas.
- There is increasing availability of standardized screening and assessment tools and evidence-based and evidence-informed interventions that address social and emotional well-being challenges, which can be deployed within the often limited window of time that children and families are served by the child welfare system.
- Effective and strategic partnerships with the mental and behavioral health fields, Systems of Care specifically, can increase the likelihood that children will receive these services in a coordinated manner.

In addition to the guidance document described above, State Director Letters^{1,2} have been released from HHS detailing opportunities for more effectively meeting the well-being and trauma related needs of children known to child welfare. On July 11, 2013, HHS released a letter describing the ongoing partnership across the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, and the Centers for Medicare & Medicaid Services to address complex, interpersonal trauma and improve social-emotional health among children known to child welfare systems (ACYF, 2013). The letter details the components of a cross-system approach for promoting child well-being, including screening, assessment, and the use of evidence-based interventions. The letter also describes how these approaches for serving children who have experienced trauma can be funded or reimbursed by multiple federal sources. Importantly, the letter encourages new thinking and new partnerships across disciplines, including child welfare, mental health, and Medicaid, to address trauma and help children and youth get back on track developmentally.

Encouraging Trauma Screening, Functional Assessment, and Use of Evidence-informed Interventions: ACYF Discretionary Funding, Presidential Budget Proposal, and Congressional Action

Over the past four years, ACYF issued numerous funding announcements encouraging the use of trauma screening, functional assessment, and use of evidence-informed interventions. A letter to the field from then ACYF Commissioner Bryan Samuels detailed how discretionary funding was used in FFY 2012 to further the uptake of these approaches ([ACYF, 2012](#)). This targeted infusion of discretionary funding support from the Federal government across multiple years increased significantly the number of child welfare systems testing the use of screening, assessment, and evidence-based intervention to determine the impact on well-being and system level outcomes. For example, in 2012, ACYF released a funding announcement for the “Initiative to Improve Access to Needs-Driven, Evidence-based/Evidence-informed Mental and Behavioral Health Services in Child Welfare,” which included awards up to \$640,000 per year for five years. Nine sites were selected including the District of Columbia. The District is using comprehensive screening, functional assessment, data driven case planning, ongoing progress monitoring, and service array reconfiguration to improve outcomes for children in foster care. This work occurs in close partnership between the Child and Family Services Agency (child welfare), and the District’s System of Care at the Department of Behavioral Health.

In addition to the use of discretionary funding, both the FFY 2015 and FFY 2016 Presidential budget proposals included a five-year joint Administration for Children and Families and Centers for Medicare & Medicaid Services competitive demonstration project to encourage states to scale up screening, assessment, and evidence-based psychosocial interventions targeting children in the foster care system as an alternative to the current over-reliance on prescribing psychotropic medications to this vulnerable population. If supported by Congress, this demonstration would include \$250 million over five years to fund state infrastructure and capacity building in child welfare, and \$500 million in incentive payments to states that can show improvements in reducing use of psychotropic medications with children known to child welfare.

Congress also passed legislation recently that includes new requirements related to well-being and trauma in children known to child welfare. The Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34) identifies trauma as an area of special consideration, and requires child welfare agencies to include in their state plans an approach to monitor and treat the trauma associated with a child’s maltreatment and removal from home. It also requires child welfare agencies to oversee and monitor the use of psychotropic medications with this population.

Funding Flexibility to Address Well-being: Child Welfare Waivers

The primary dedicated Federal funding source for child welfare is Title IV-E of the Social Security Act. Historically, this funding stream has been quite prescriptive and focused primarily on paying for out-of-home/foster care for children. In 2011, Congress authorized, through the Child and Family Services Improvement and Innovation Act ([P.L. 112-34](#))³, new flexibility in how these dollars, as well as Title IV-B dollars, could be used to support children and families. Up to 30 states could be awarded this flexibility through a competitive process that ended September 30, 2014, with 27 states ultimately receiving waivers under this process. In keeping with the focus on social and emotional well-being, ACYF issued guidance encouraging states to submit proposals detailing how they would use the new flexibility to install and scale up screening, assessment, and evidence-based interventions to improve well-being outcomes ([ACYF-CB-IM-12-05](#)). The majority of waiver states are testing the use of screening and assessment tools and evidence-based interventions to determine if measureable improvements can be achieved in the well-being of children ([Casey Family Programs, 2014](#)).

For example, Rhode Island’s child welfare waiver is designed to prevent and further reduce the use of congregate care placements. Wraparound, as an extension of Rhode Island’s System of Care, is provided to children age six to eighteen who are part of the waiver target population. Additional home and community-based services are being developed as part of the overall approach.

Conclusion

Each of these opportunities provides a new avenue for child welfare and Systems of Care to more fully partner to effectively meet the well-being needs of children and families served. Collective action across disciplines and within Systems of Care is needed to support child welfare in making the most of these time-limited resources. Child welfare cannot fully meet its well-being mandate alone and a multi-pronged, coordinated set of strategies is essential to improve well-being outcomes for children known to child welfare.

¹ Letter to State Directors about complex trauma: <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>

² Letter to State Directors about psychotropic medications: <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-11-23-11.pdf>

³ Summary of Child and Family Services Improvement and Innovation Act: <http://nrccps.org/wp-content/uploads/ACYF-CB-IM-11-06-Child-and-Family-Services-Improvement-and-Innovation-Act-Public-Law-112-34.pdf>.

ABOUT THE NATIONAL TECHNICAL ASSISTANCE NETWORK FOR CHILDREN'S BEHAVIORAL HEALTH

The National Technical Assistance Network for Children's Behavioral Health (TA Network) operates the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch. The TA Network partners with states, tribes, territories, and communities to develop the most effective and sustainable systems of care possible with and for the benefit of children and youth with behavioral health needs and their families. The TA Network provides technical assistance and support across the country to state and local agencies, including youth and family leadership organizations.

ABOUT CHAPIN HALL at the UNIVERSITY OF CHICAGO

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