

# Washington State Health Care Authority

## Medicaid's Role in Reducing Child Abuse and Neglect

Federal Commission to Eliminate  
Child Abuse and Neglect Fatalities  
February 26, 2015

**MaryAnne Lindeblad**  
*Medicaid Director*  
*Washington State Health Care Authority*

# Background:

Long history of close collaboration between the Medicaid agency and Child welfare system to assure ready access to quality health services and support foster parents

# Foster Care Medical Team

- Process eligibility
- Request Medical records
- Mail health reports to caregivers on newly placed children

# Fostering Well Being Team

Nurses, Pediatricians and case managers to support caregivers and social workers

- Identify and coordinate services for children with health needs
  - Using predictive risk tool –PRISM
- Connect children to health care providers
- Provide community resources, educational materials for families
- Coordinate information, records, and appointments
- Assure children have timely access to services including medications
- Regional Medical consultants available to consult with social workers on site

# Maximizing Coverage Opportunities prior to the Implementation of the Affordable Care Act

- Pregnant Women to 185% FPL including specialized services for substance abusing women, Maternity support services, and case management for young children
- Children to 300% FPL
- Family Planning Only 200% FPL
- EPSDT –well child screens-higher reimbursement for foster children

## Use of Evidence Based Benefits and Promising Practices

- Triple P
- Trauma Informed Care
- Medication review, second opinions for psychotropics

# New Opportunities to Support Families with Medicaid Expansion

Eligibility to 138% FPL for single/childless adults, parents

- Broad insurance coverage, access to preventive services
- Mental health and substance abuse treatment at parity
- Care coordination
- Services through managed care plans

# Health Reform in Washington

## Strengthening delivery systems for families

- Integration of Behavioral health and physical health
- Payment reform to support improved quality and access
- Improved accountability of the health care delivery system

# Improved Access to data and Analytics

- Performance measures spanning prevention , acute care, and chronic illness
- Data Sharing –clinical data repository–providers can ensure whole person care

# Accountable Communities of Health

- Building Healthier Communities through a collaborative regional approach
- Ensure health care focuses on the whole person
- Addressing Social determinants of health

# Because Health is More than Health Care



Community

Health and Recovery

System Supports

# Additional Steps

Moving Foster Children into single managed care entity

- Services, performance geared to population Care transitions
- Eligibility for foster youth aging out to age 26
- Training to include ACES-better understanding for the provider community

## MORE INFORMATION

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# Child Abuse and Neglect Fatality Presentation

Amy Baker, MSW  
Children's Mental Health Director

February 26, 2015



ADDICTIONS AND MENTAL HEALTH

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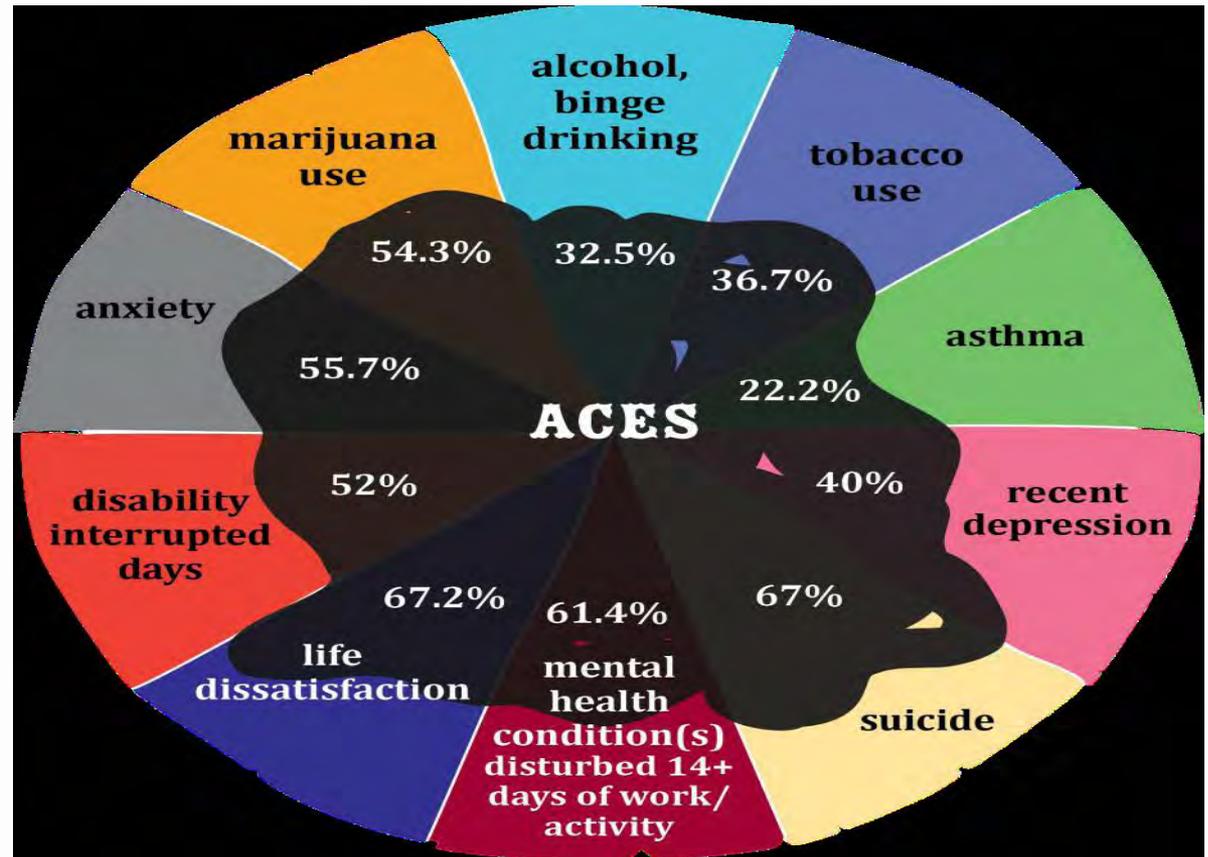
“A total of 13%-20% of children living in the United States experience a mental disorder in a given year, and surveillance during 1994-2011 has shown the prevalence of these conditions to be increasing.”

– Mental Health Surveillance 2005-2011  
Center for Disease Control

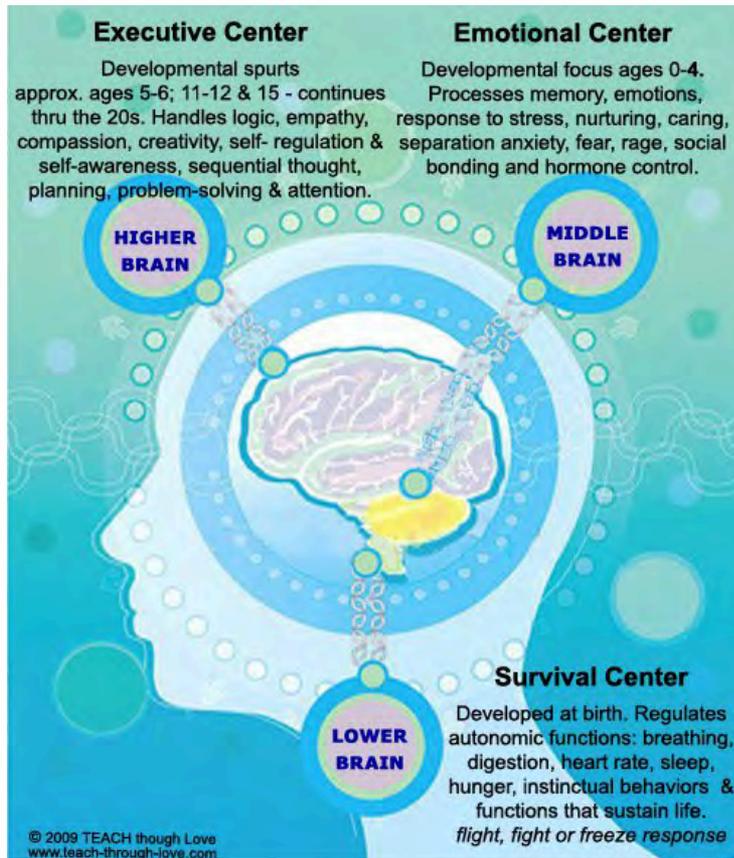
# Magnitude of the solution

ACE  
reduction  
reliably  
reduces costs

60% of  
History of  
Adult  
Incarceration  
is Attributable  
to ACES

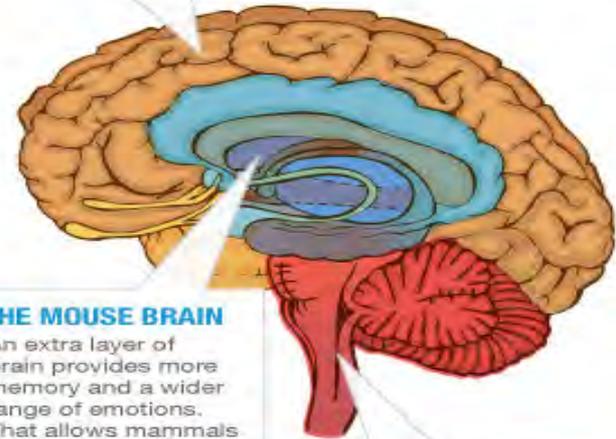


# Evolving understanding of the brain



## THE HUMAN BRAIN

With 100 billion cells and 500 trillion connections, this part of the brain allows us to solve difficult problems and navigate a very complex social world. It's also responsible for imagination, culture and the ability to figure out what other people are thinking based on social cues.



## THE MOUSE BRAIN

An extra layer of brain provides more memory and a wider range of emotions. That allows mammals to do things like learn from their experiences and anticipate danger, rather than merely reacting to it.

## THE LIZARD BRAIN

This ancient brain is all about survival. When danger appears, it decides whether to fight or flee.

We can boil down what we have learned in the last 50 years to a simple principle: we need to ensure that everyone lives in a nurturing environment.

The Nurture Effect: How the Science of Human Behavior Can Improve Our Lives and Our World. Anthony Biglan (2015)

[www.nurtureeffect.com](http://www.nurtureeffect.com)

# Risk factors for CAN Fatalities

- Parents' lack of understanding of children's needs, child development and parenting skills
- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Low income and parent educational attainment
- Non-biological, transient caregivers in the home
- Social isolation
- Extreme family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and severe negative interactions

# What government can do

- Evaluate policies to determine if they support “nurturing” environments. Reduce or eliminate policies that perpetuate toxic stress
- Re-evaluate child centered approach and design more effective family centered policies and practices
- Inclusion of community and family voice in our effort
- Focus on young children and their families
- Develop long range cross system vision to interrupt multi-generational transmission of ACES and poverty.

# HealthCare transformation as a means to address child abuse and neglect

- **Development of coordinated care organizations**
  - Assuming the lifetime risk of one's member
  - Bending the healthcare cost curve by 2%
  - Reinvesting cost savings into prevention
  - Developing incentive metrics
  - Capitalize on physical health's "window of opportunity" to apply behavioral health interventions
  - Predictive analytics to target high risk families; use of peer supports to engage those families

# HealthCare Transformation as a Means to Address Child Abuse and Neglect

- Expand effective healthcare practices
  - Parent Child Interaction Therapy
  - Nurse Family Partnership Home Visiting
- Prioritize 0-3 population
  - Infant Toddler Mental Health Services
  - Windows of Opportunity – prenatal care, delivery and perinatal care for screening and service provision

# Other statewide efforts

- Early Childhood System of Care
  - Create formal linkage between all early childhood systems to ensure families do not slip through the cracks
- Trauma Informed Oregon
  - Increase ACES and equity literacy for healthcare and helping professionals
  - Expand trauma and equity lens across all child serving systems
  - Increase community health literacy on the impact of ACES



# Commission to Eliminate Child Abuse and Neglect Fatalities

**Portland, Oregon  
February 26, 2015**



**Helen Bellanca, MD, MPH  
Maternal Child Family Program Manager  
Health Share of Oregon**

Together  
we are

health  
share

Health Share of Oregon

# Oregon's Health Care Transformation

## Coordinated Care Organizations (CCOs)

Health care transformation in Medicaid  
Accountable care model

- Must meet quality metrics
- Must limit rate of growth of spending

Global budget for physical health, mental  
and dental care

16 CCOs across the state work locally with a high degree of  
flexibility



# Health Share of Oregon

Largest CCO in the state (240,000 members, 47% children and adolescents)

## Prevention strategy

- Prevent chronic illness and addiction from derailing a healthy life course
- Invest in pregnant women and children to ensure families have what they need to thrive and children are healthy, attached and ready for kindergarten

# Prevention of child abuse and neglect

## Focus on unintended pregnancies and maternity care

- greater proportion of pregnancies are planned and wanted
- maternity care includes mental health and substance abuse issues
- families have needed social supports (housing, food)
- every family has opportunity to receive parenting support



# Initiative 1: Contraception as a core preventive service with a quality metric

Oregon is the first state in the nation to have a quality metric on contraception care

Part of a set of 17 pay-for-performance metrics for CCOs working to improve the quality and lower the costs in Medicaid

“Effective contraception use among women at risk of unintended pregnancy”

# Initiative 2: Family Well-Being Assessment

New screening tool to be used across sectors (prenatal care, public health, community agencies)

Assess pregnant women for:

- Mental health
- Substance use
- Domestic violence
- Food insecurity, housing, transportation
- ACEs/resiliency
- Need for parenting support
- Need for prenatal/pediatric/dental provider

Connect to needed services

Understand community needs for strategic investment of resources

# Initiative 3: Project Nurture

Integrated maternity care with addiction treatment

Two sites:

Family medicine going into addiction treatment center

Addiction treatment provider going into midwifery clinic

Key principles:

1. Integrated care, not co-located
2. Build trust and accountability: transparency about Child Welfare, screenings and expectations
3. Support during inpatient maternity
4. Continue the care through 1 year post partum

# Key opportunities/barriers

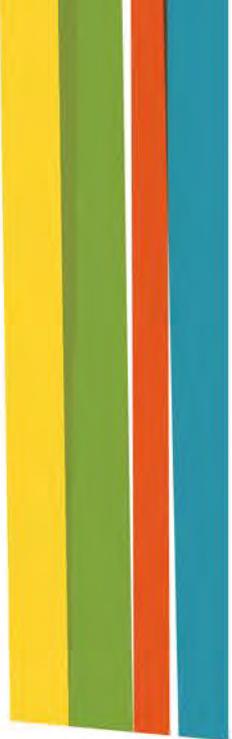
Integration of systems (physical health with mental health, addictions and dental)

Pay for performance metrics

Contraception is preventive health care

Primary care transformation is a model for maternity care transformation (medical home, behavioral health, accountability)

Together  
we are

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health

A decorative graphic consisting of four vertical bars of different colors: yellow, green, orange, and blue, arranged from left to right.

share

Health Share of Oregon

A decorative graphic consisting of four vertical bars of different colors: yellow, green, orange, and blue, arranged from left to right.