# Creating healing pathways for children with behavioral health needs

## Key considerations for child welfare leaders and partners

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Youth with Unmet Complex Care Needs Workgroup

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# Executive summary

Behavioral health concerns and critical gaps in prevention, treatment, and crisis services, especially for children, are major issues facing families across the U.S. This matter has been highlighted as a public health concern because of the growing negative impacts of social isolation, social media, and bullying, accompanied with a lack of effective prevention and early intervention support for children and their families. While this issue is of major concern for the general population, the prevalence and intensity of it is significantly higher for children that interact with the child welfare system due to the trauma of separation from family members and critical gaps in behavioral health support.

Given this, the child welfare field is grappling with multiple challenges related to the placement and treatment of children with behavioral health concerns, particularly those that are categorized as having high acuity needs, sometimes referred to as complex needs. Regarding placements, there is a current crisis of high acuity needs children sleeping in offices, hotels, emergency rooms, and psychiatric hospital wards. This has been attributed to a lack of appropriate placements, including family-based placement. However, it is important to examine the correlation between the placement crisis and the high number of children that are screened in, limited alternate pathways to secure help, a lack of community-based crisis stabilization support, as well as limited options for intensive short-term treatments without separation from families. On the other hand, there are limited accessible, quality, and consistent behavioral health treatments that are available for caregivers and children at multiple stages of need including prevention, crisis intervention, during placement, and after achieving permanency. It is important to note that having access to quality treatment does not solve a placement issue, and finding a safe and supportive placement does not ensure a quality behavioral health diagnosis and access to treatment. There is an urgent need for cross-systems collaboration to ensure that children and their caregivers receive adequate behavioral health support at the right time to address their needs and avoid entry into the child welfare system altogether.

This report provides an overview of how jurisdictions are grappling with the intersection of behavioral health needs and placement and defining high acuity or complex needs, as well as the efforts underway to respond to the ongoing challenges. A set of considerations developed by the members of the Youth with Unmet Complex Care Needs Workgroup is also presented. These were proposed after reviewing the landscape of crisis and key opportunities through conversations with children and families with lived experience, representatives from child welfare, Medicaid, and other health care professionals, among others. We recognize that these considerations will need to be further developed, adapted, and adjusted based on local policy, practice, and community contexts.

## Considerations for action

1) ***Actively engage children, parents, and families:*** Developing systemic solutions requires ongoing dialogue and partnership with families that are most affected as they have critical insights about what is needed and are uniquely positioned to identify potential gaps and point toward effective solutions. While anecdotal accounts from families highlight the trauma that is caused by family separation leading to behavioral health concerns, as well as the limited access to quality treatment, there is a need to integrate these accounts in a formal way to inform policy and practice changes in various systems that impact children and families.
2) ***Use data to define and assess needs and to inform solutions***: Comprehensive assessments need to be put in place at the community level to understand the behavioral health needs of children and their caregivers and to connect them with services accordingly. Additionally, a clear definition of "high acuity" or "complex needs" should be adopted across all jurisdictions to clearly understand the indicators used to define and diagnose this group and to develop treatment plans to address their specific needs. Lastly, data should also be used to further clarify the distinction between the need for comprehensive behavioral health support to prevent and treat high acuity needs versus entry and placement challenges experienced by children with these needs.
3) ***Build coordinated, cross-system approaches***: Children who are at risk of entry into the child welfare system, and who have high acuity needs, often require a range of services and support. Community-focused, multisystem, coordinated efforts will ensure children receive early assessment, diagnosis, and an appropriate level of treatment. These efforts will strengthen the behavioral health support that can be put in place outside the child welfare system, rather than utilizing placements, such as congregate care, as a proxy for treatment.
4) ***Create culturally responsive, healing-centered behavioral health supports***: Given the overrepresentation of children of color in the child welfare system, as well as those diagnosed with high acuity needs, it is important to build services and support that are culturally responsive, trauma-informed, and healing-centered. Additionally, support should be developed for caregivers to identify and treat any substance or mental health related challenges that can impede their ability to effectively take care of their children and that have indirect effects on child mental health outcomes.
5) ***Invest in workforce capacity building and training***: A well-resourced, well-trained, and highly skilled child welfare and behavioral health workforce is imperative to meet the needs of children and families in a timely and culturally responsive way. Issues such as burnout, pay structure, workload, administrative expectations, and a lack of comprehensive resources contribute to high turnover and job dissatisfaction. Intentional investment in the workforce, and resources available to them, is important to ensure that staff are equipped to respond to the needs of families and children that are either at risk of, or are currently in, the child welfare system.

6) ***Strengthen community pathways and concrete support for prevention:*** The child welfare system should only intervene in the lives of children and families when truly necessary to safeguard children when they are at risk from their caregivers. In all other circumstances there is a need to invest in and uplift in-home and community-based support to diagnose and treat behavioral health challenges. This might help avoid many children experiencing the trauma of family separation and placements in congregate or other restrictive settings.
7) ***Increase access to effective legal support and advocacy:*** Preventive legal advocacy aims to resolve upstream legal problems to strengthen families, address social determinants of health, and eliminate unnecessary reports to the child protection system. High-quality legal representation is essential to safeguard child and parent legal rights, and to clearly communicate the wishes and needs of all parties. It can also help address poverty-related challenges and connect families with needed services, thus preventing child maltreatment and reducing the risk of family separation.
8) ***Prioritize kin placement and expand support for kin:*** Child welfare leaders can reduce the pipeline of children coming into the child protection system with behavioral health challenges by prioritizing kin placement and increasing support available to them. If child protective services determines that a child must be removed from their home to remain safe, that child deserves to be placed with kin, whether relatives by blood or marriage, or people who are close to the child and family. For kin who are supporting children with behavioral health needs, access to quality crisis care and in-home services and support is particularly important.

# Introduction

Behavioral health challenges and gaps in effective prevention and emergency support have been highlighted as significant issues facing children in the U.S. today.[1] While these issues are prevalent among the general population, the prevalence and significance is heightened among those who interact with the child welfare system. This can be attributed to the trauma of separation from family members, critical gaps in behavioral health support, and parent relinquishment of custody to the state to access medical services that are otherwise too expensive or inaccessible.[2] As of 2021, more than 40% of Medicaid and CHIP-enrolled children ages 3-17 who were involved with the child welfare system were diagnosed with behavioral health issues. They were also more likely to use behavioral health services, primarily outpatient services and psychotropic medications.[3]

Statistics, studies, and stories abound about children who are removed from their families, placed in restrictive settings, and sometimes over-medicated. There is a growing consensus that commonly used approaches, such as placement in restrictive settings and prescribing psychotropic medication may not be helping, and can instead be punitive, expensive, and ineffective. Additionally, there is growing concern about the conflation of placement and treatment, and agreement on the need to create a robust behavioral health system that addresses the health concerns of children while limiting placement to situations when children are at imminent risk from their families. Currently, there is limited consensus regarding the most effective path forward, or how to best balance priorities such as: (a) narrowing the front door of child welfare by providing community-based support, (b) meeting the urgent, critical needs of children who enter the child welfare system, and (c) implementing long-term, sustainable strategies that will shrink the pipeline of children with behavioral health needs, specifically those with high acuity needs, entering the system in the future.

> "We always focus too much on behavior. We don't see what caused that behavior … and it's usually some emotional trauma. Behaviors are always tied to a trauma … counselors talk to them [youth] about, 'How was your day?' and 'How's it going?' And then make the next appointment. If they don't get to the root of the trauma … this kid is still going to have adverse behavior. Everywhere they home in on behavior … whether it's the community or school. Most places don't have the resources to help with trauma that has led to the behavior."
>
> \- Marquetta King, parent advocate and foster parent

To adequately meet the needs of children with behavioral health needs, it is important to build a strong child and family system outside of child welfare that focuses on providing comprehensive services and support, including prevention, treatment, and crisis services.[4] This should be accompanied by measures to narrow the front door of child

protection by providing alternative pathways, concrete support, community and in-home therapeutic services, and short-term intensive treatments without separation from families. These comprehensive approaches may address the dual crises of an increase in behavioral health challenges and the number of children with these needs interacting with the child welfare system.

This report provides an overview of how jurisdictions are grappling with the intersection of behavioral health needs and placement and defining children with high acuity or complex needs, as well as efforts underway to respond to these ongoing challenges. The report offers a set of key considerations for child welfare leaders and other stakeholders as they develop short- and long-term strategies to support children with high acuity needs.

## Project background

This report and its key considerations were developed by the Youth with Unmet Complex Care Needs Workgroup. The workgroup consisted of 21 members, representing all departments within Casey Family Programs, including Systems Improvement and Child and Family Services, as well as three lived experience partners: an alumni of care, a youth advocate, and a parent advocate.

Over a period of eight months, this workgroup gathered inputs from individuals with lived experience and representatives from the American Academy of Pediatrics, the Administration for Children and Families, health care advocacy organizations, health insurance companies, ombudspeople, clinical social workers, and child welfare staff across jurisdictions. It also conducted an extensive review of U.S. and international literature on the topic and developed a survey to gather information on the challenges and best practices for supporting youth with complex needs. To ensure that the key considerations were relevant to child welfare leaders and partners, feedback was gathered through peer learning exchanges with jurisdictions and discussions with youth and caregivers.

## Defining complex behavioral health needs

The term “complex behavioral health needs” has been developed by the system, rather than children and families, to identify those who have high acuity needs and may be difficult to place in a family-based setting. Currently, there is no universal definition that is consistently used to define children with complex behavioral health needs across the country. Jurisdictions, child welfare professionals, and academics use different terms to describe children within this category. Definitions include a range of factors, including medical diagnosis, demographics, and the type of services to which children should have access. The American Medical Association has defined behavioral health to include mental health and substance use disorders, life stressors and crises, and stress-related symptoms. According to a recent systematic analysis, the term “complex care” refers to multidimensional health and social care needs but has been characterized differently across jurisdictions and initiatives.[5] The Sacramento-based Catalyst Center defined

children with complex needs as those who exhibit multiple needs across various domains, including multiple mental health and/or substance abuse diagnoses; severe challenges in family, social, and/or school functioning; neuropsychological difficulties; and/or developmental delays. The California Department of Social Services uses the term complex care to highlight circumstances in which children have a variety of identified needs across multiple domains that have been unmet, often over a long period of time, by behavioral health, child welfare, probation, education, and other systems.

Similar definitions are used in other countries. For example, the Department of Community Services of Australia defines children with complex needs as those who: (a) exhibit challenging and/or risk-taking behaviors of such intensity, frequency, and duration that they place themselves or others at serious risk of harm, and/or (b) have mental health presentations which impair their ability to participate in ordinary life, thus hindering their access to activities and experiences, and/or (c) have disability with high-level, challenging behaviors or complex health issues which are life threatening or require continuous monitoring and intervention. Another study in Brussels, Belgium, defined children with multiple and complex needs as having profound and interacting needs in the context of several life domains — family context, functioning and integration in society — as well as psychiatric problems.[6]

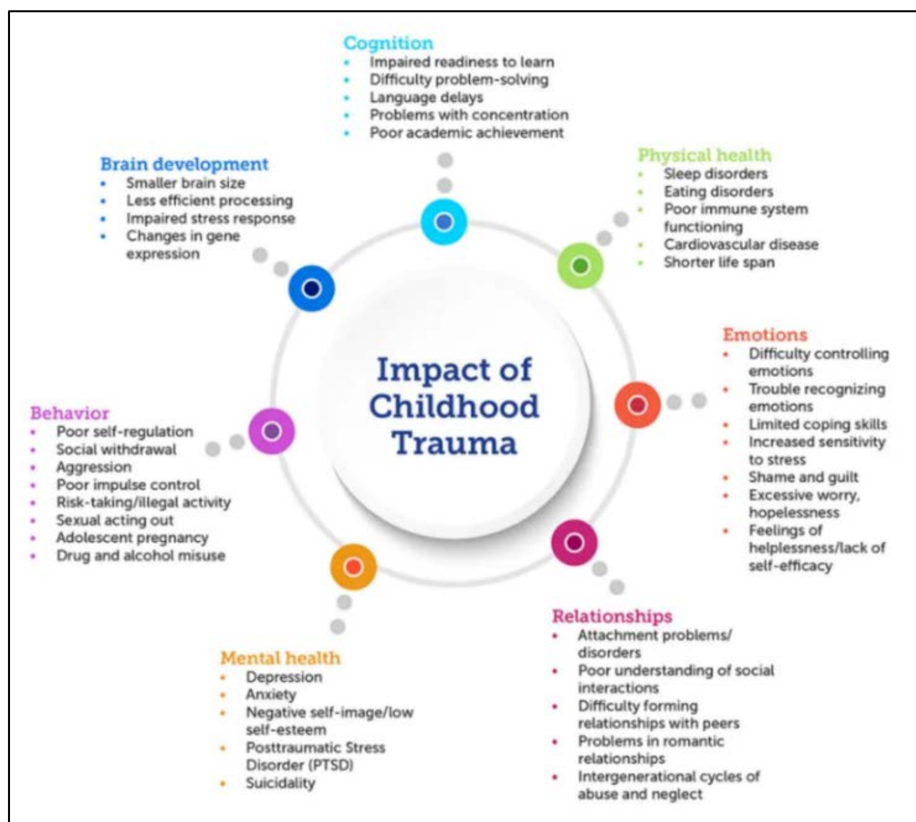
Results from an internal Casey Family Programs survey about children with complex needs highlighted the various ways that jurisdictions across the country describe children, their behavior patterns, and gaps in services. The survey questions are available in Appendix A. Figure 1 presents an overview of the responses.

**Figure 1.** *Unmet Complex Care Needs Survey Summary*

| Youth behavior patterns | Limitations & gaps in system support | Placement challenges |
|---|---|---|
| Severe behavioral and or medical needs | Specialized multisystem coordinated services to meet complex needs | Usage of out of state and congregate placements |
| Signs of complex and deep-rooted trauma because of family separation, commercial sexual exploitation, or other factors | Early identification of needs and provision of prevention services | Multiple placements and emergency placements in hotels and offices due to limited group placement options, challenges in finding foster homes, or high needs of the youth and lack of supports provided to families |
| At risk to others as well as themselves | Trauma informed culturally relevant programs to address complex needs of LGBTQIA+ and immigrant youth | Lack of capacity of the workforce to cope with the growing needs and numbers of youth with complex needs |

The defining characteristics were also discussed with various networks at Casey Family Programs (e.g., an Ending the Need for Group Placement Learning Exchange session on Unmet Complex Care Needs, a Strategic Innovations Team Table Talk, and weekly cross-unit meetings held on the same topic). In these discussions, severe behavioral health issues were considered outcomes of system gaps in prevention, and a lack of early, holistic support for children and families. Social workers from various jurisdictions, caregivers, and children with lived experience highlighted that, while some children might have challenges that require specialized treatment in group settings, many experienced unidentified or misidentified conditions that have worsened over time. They also indicated that symptoms can be responses to traumatic experiences such as separation from their families, interaction with various child welfare related systems, placement in restrictive settings, and/or movement from one placement to another.

**Figure 2.** *Impact of Childhood Trauma*




*Source*: Bartlett, S. & Steber, K. (2019). *How to Implement Trauma-Informed Care to Build Resilience to Childhood Trauma.* https://childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma

These discussions highlight that children with complex behavior patterns need to be understood within the context of their life experiences. A report by Child Trends indicates

that exposure to traumatic events contributes to serious and long-lasting problems across multiple areas of development. Children who experience trauma may exhibit difficulties with cognitive functioning, physical health, emotional regulation, brain development, behavior, and relationship building (see Figure 2). These outcomes become more severe when trauma exposure is chronic, begins early in life, and presents itself in multiple forms, including within the family and the social environment.[7] Children of color are also exposed to chronic racial trauma. According to the Centers for Disease Control and Prevention's (CDC) Adverse Childhood Experiences framework, exposure to traumatic events such as physical and emotional abuse, neglect, caregiver mental illness, household and community violence, and other social events can contribute to poor psychosocial and physical outcomes. On the other hand, providing Positive Childhood Experiences at the family, school, and community level can greatly reduce negative outcomes.

## Creating a mindset shift to advance systemic solutions

Current definitions of complex needs focus on child characteristics and behavior patterns but do not account for the gaps in behavioral health services and socioeconomic factors that can contribute to, and exacerbate, their needs. Children in low-income families, those residing in rural areas, those who are BIPOC, and those who identify as LGBTQIA+ have a higher prevalence of behavioral health needs. This can be attributed to chronic exposure to multiple adversities that hamper their short- and long-term well-being. These adversities can include income insecurity, exposure to violence, unsafe neighborhoods, inability to access prevention and sustained behavioral health services, parental separation, and physical and emotional neglect.[8]

Insights collected by the Youth with Unmet Complex Care Needs Workgroup emphasized the critical need to broaden the focus and use a systems lens. The common thread was a call to elevate and address critical gaps in policies, programs, and practices within and across systems that can help in the prevention and support of the emotional, mental, and behavioral health concerns of youth with high acuity needs.

The workgroup embraced the term "youth with *unmet* complex needs" to highlight systemic gaps in addressing the needs of children, families, and communities before and after they interact with the child welfare system. A system-lens approach is beneficial because it:

- Highlights that complex needs are ***rooted in a history*** of chronic trauma, disrupted caregiving experiences, and other adverse life experiences.
- Recognizes the need for a dual response, on strategies to tackle the ***immediate needs*** of children, and the development of sustainable ***long-term changes*** that will reduce the number of children in the pipeline or who might face a similar reality in the future.
- Addresses systemic inequities in ***access to resources*** especially for those living in low-income and under-resourced areas. This includes access to concrete supports such as basic needs (food, stable housing, health care and

transportation), community support programs (mental health counselors, legal advocates, child care and family supports), and family-based support to help children with severe behavioral health problems.

- Moves away from ***stigmatizing language*** that has dominated the historical framing of this topic. This includes more recent terms such as “youth with complex needs” as well as the long-standing use of phrases such as “children with emotional disturbance” or “troubled youth.” These labels put the blame on children rather than addressing system gaps and can lead to punitive approaches and  child and parent discomfort with seeking services.
- Clarifies that the onus is on the various systems to meet the needs of children in the communities in which they operate, rather than expecting children to be or act differently when in crisis.

## Jurisdictional crises and short-term responses

Child protection agencies across the nation are dealing with a crisis of high acuity needs children sleeping in offices, hotels, emergency rooms, and psychiatric hospital wards.[9] State and local leaders identified several factors that may be causing this crisis. These included a lack of available bedspace to meet the needs of children entering care; a lack of community-based behavioral health support for children and their parents; state laws requiring consent for services for youth over age 14; low provider compensation due to low reimbursement rates; workforce challenges in both private providers and public agencies; and contracting challenges that cause providers to refuse care to children with acute mental and behavioral health issues because they know there is nowhere to discharge them.

In addition to the factors listed, it is important to understand nonplacement challenges that contribute to the crises, including the role of high rates of reports made by mandatory reporters and screened in, limited alternate pathways to secure help, the lack of community-based crisis stabilization support, and limited options for intensive short treatments without separation from families.

> “Services should not only be available to the ones we deem are ‘in crisis’ but to others that might need the support to prevent the crisis. Getting rid of that mindset of crisis intervention and figuring out how to help them. Coming with this mindset [instead] when figuring out legislation and policies.”
>
> - DeQuincy Berger, youth advocate and alumni of care

Child welfare advocates have indicated that many children are unnecessarily placed in restrictive settings, including out-of-state, due to a lack of foster homes and families not having the support needed to handle high acuity needs. The lack of stable placement options and child placement in restrictive settings means delayed access to community-based treatments and recovery, extended absences from schools, and undue stress on children and their caregivers.

Living in hotels, offices, and restrictive placements is extremely traumatic for children. The Away from Home (2021) report highlighted young people's experiences of group and institutional placement as failing to offer consistent caring relationships and being punitive, prison-like, and traumatic. Many states are making a focused effort to reduce congregate care placements and prioritize family-based settings. However, they also recognize that a decrease in congregate settings has destabilized the industry that provides mental and behavioral health services for children with high acuity needs, impacting their ability to identify stable placements. Additionally, the lack of prevention support and community-based programs, declining placement opportunities, workforce shortages, and budget cuts have all contributed to limited coordinated care and support to children. This situation was magnified due to the pandemic, and the aftereffects are still being felt.

Effectively supporting children with complex behavioral health challenges is complicated, as it requires various systems to work in a collaborative manner and center the needs and voices of children and their families. It also entails balancing human and financial resources to respond to emergency situations and to develop sustainable long-term solutions that help prevent children from entering the system and being labeled as having complex care needs. Examples of how some jurisdictions have responded to the emergency needs of children with high acuity needs in the short term are outlined below.

**Pennsylvania's** Department of Human Services convened a large group of interdisciplinary stakeholders from various child-serving systems over several months to identify recommendations for addressing children with complex and multisystem needs. Pennsylvania's state child welfare agency has a response protocol and referral process for complex case planning. A statewide lead in the Department of Human Services Secretary's Office manages requests regarding complex cases and pulls together cross-system statewide teams for integrated planning, as needed. This approach is inclusive of, but not limited to, children involved with child welfare, and includes guidance for county-, regional-, and state-level planning and referrals. Response begins at the local level where, for example, Allegheny County has created a multidisciplinary team to address complex cases and intervene pre-emptively and immediately to resolve the situation, prior to elevating it to the regional level.

Placement problems in **Texas** reached crisis levels beginning in 2019, in part due to serious failures uncovered through the *M.D. v. Abbott* lawsuit and a corresponding increase in investigations and closures of unsafe facilities. The parties to the lawsuit authorized a panel of independent experts to carry out an intensive, short-term assessment of the structure and operations of the Texas system and make actionable short- and longer-term recommendations for reducing, and ultimately eliminating, the

number of children without placement . The panel's short-term recommendations were to: (a) develop guiding principles; (b) strengthen infrastructure and accountability; (c) provide staffing with children, family, and the child's team for all children without placement; and (d) expand family-based placement options and access to flexible non-placement resources. Mid- to long-term recommendations were to: (a) eliminate barriers and expand the service array for children and families; (b) develop a statewide children's mental health system of care; and (c) develop and strengthen child welfare practice to align with guiding principles and Texas' practice model to sustain improvements and positively impact the well-being of children and families.

**California** has taken several steps to address the issue of children with complex care needs over the past several years. The California Department of Social Services (CDSS) has acknowledged systemic shortfalls and limited efforts to date related to this population, and a recent report to the legislature outlines specific gaps in the state's children and youth system of care and a multiyear plan to increase capacity. In July 2022, CDSS and the California Department of Health Care Services released a competitive Request for Proposal to participate in the Children's Crisis Continuum Pilot Program to support foster children experiencing high acuity needs. Eight grants were awarded in February 2023. The state's Complex Care Steering Committee recently developed a logic model to inform both short- and long-term strategies and is conducting case mining efforts that will result in additional recommendations.

In **Los Angeles County**, the Office of Child Protection regularly convenes Departments of Health Services, Public Health, Mental Health, and the Department of Children and Family Services (DCFS) to discuss urgent issues and to develop solutions related to the need for suitable placements for children with the most complex needs. The multiagency group has developed interim solutions as well as medium- and long-term recommendations and reports to the Board of Supervisors monthly on this issue. Many of the medium- and long-term recommendations align with the 2021 recommendations from the county's Short-term Residential Therapeutic Program Task Force, and focus on strengthening the system of care partnership to better serve children with complex unmet needs and end hotel placements. LA County DCFS was recently awarded $10 million through the Children's Crisis Continuum Pilot Program to enable a seamless transition between service settings and provide stabilization and treatment to children within the least restrictive setting possible. In terms of interim solutions, the departments co-created and agreed to several steps including private security to enhance staffing ratios during hotel placements, de-escalation training for staff involved, expansion of DCFS' Placement Stabilization Team, and a Credible Messengers program to provide peer support and violence disruption for high needs children in group placement settings.

In August 2021, **San Bernardino County** Children and Family Services assigned a regional manager to focus efforts on children awaiting placement, specifically to address the issue of having children in the office awaiting placement. Some of the key measures to address this issue included: (a) developing a process with the Department of Behavioral Health so that when children come into the office they are assessed and receive a team within 24 hours; (b) expanding supervision of children to other

departments, allowing the department to expand the number of staff available to supervise children; (c) offering staff Crisis Intervention Training and training on how to defuse intense situations when children are in the office; (d) expanding a shelter contract with a community-based organization that can take up to 12 children and offers more of a home-like setting while children are awaiting placement; (e) holding consistent, regular meetings with the state to discuss placement options, funding sources, and other resources; and (f) assigning a complex care coordinator to provide oversight of high-cost/high-need placements. This coordinator provides quality assurance to these placements, ensuring that the placements provide needed services to children.

**Iowa Department of Health and Human Services** entered a new contract with the University of Iowa's Center for Development and Disabilities effective July 2023 to consult on how to best support children with complex needs. A multidisciplinary team will be available, though the specific disciplines involved in each case assessment and consultation will depend on the needs of each child. Initially, referrals will focus on children with the most complex needs, such as those who are lingering in residential placements or those who are continuously moving from placement to placement, with the goal of stabilizing those children in a family- and community-based setting. The long-term goal is to provide consultation earlier so that this approach can also serve as a prevention strategy, for example, in those situations when children are entering care due to behavior issues versus safety issues.

## Long-term considerations

Effectively supporting children and families with high acuity or complex behavioral health needs requires an urgent and sustained shift toward a multisystem approach that is well-coordinated, trauma-informed, culturally responsive, and customized to meet the unique needs of diverse children and the families that are currently in the system or are at risk of interacting with it. After gathering insights from various sources, the Youth with Unmet Complex Care Needs Workgroup developed eight considerations as a starting point for a dialogue among stakeholders. The workgroup recognizes that addressing these considerations will look different in different state, local, and tribal contexts. Where possible, examples are provided to highlight how different communities are addressing these considerations. Their applicability will be further strengthened through ongoing peer-to-peer learning and on-the-ground community engagement. The workgroup urges all stakeholders to keep the following factors in mind when reviewing the considerations and thinking through next steps:

- A mental and behavioral health crisis is impacting the well-being and overall functioning of thousands of children across the country. This is because of social factors such as the impacts of social isolation, bullying, discrimination, and social media, coupled with an ineffective behavioral health system that cannot assess, diagnose, and treat children and families in a timely manner. Children and families with high acuity needs who do not have imminent safety risks should be able to access comprehensive prevention and crisis support services outside of the child welfare system.

- The trauma caused by separation from families and its impact on behavioral health should be acknowledged. Active efforts should be made to reduce the length of stay and connect children and their families with comprehensive treatments that can address their behavioral health needs rather than exacerbating them through out-of-home and highly restrictive placements.
- As jurisdictions prioritize kin-based placements, it is important to evaluate the type of services and resources that are available to effectively support children with high acuity needs. Community- and family-based support needs to be strengthened to ensure that children and their caregivers can feel supported and receive the appropriate treatments.

## Consideration 1. Actively engage children, parents, and families.

As is the case with any critical issue facing the child welfare sector, developing systemic solutions to support children with complex behavioral health needs requires ongoing dialogue and partnership with families most affected, who have critical insights about what is needed and are uniquely positioned to identify potential pitfalls and point leaders toward effective solutions. Frameworks such as co-design, human centered design, participatory research, and community-based research have gained momentum in the broader field of child well-being as ways to actively engage children and families. To ensure that lived experts are not tokenized as these approaches are implemented, it is important to: (a) value both professional and lived experience; (b) see marginalized communities as resilient, creative, and capable; (c) embed participation in everyday practice; and (d) slow down to listen, connect, and learn from those who are most impacted by the issues at hand.[10]

> "This journey has taught me how to feel empowered by my story and empower others. To claim, choose, and connect. I am doing all this to empower, to change so hopefully someone making these policies will think of people that look like me or go through similar things that I went through."
>
> - DeQuincy Berger, youth advocate and alumni of care

Resources to develop and strengthen strategies for lived expert engagement include:

- The 21st Century Research Agenda for child welfare that offers considerations for partnering with individuals with lived experience. This document has been developed by lived experience experts and child welfare researchers.
- Family Voices United's self-assessment for organizations to support constituent voice in prevention services and child welfare.
- Transformational co-design principles to guide child welfare leaders and community stakeholders to critically assess their co-design practices and develop meaningful partnerships.

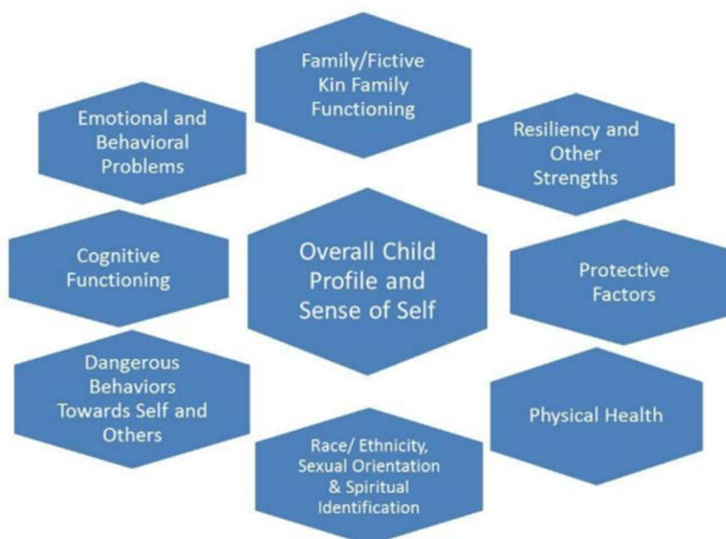
**New York state hires family policy advisors**

The New York Office of Children and Family Services' Division of Child Welfare and Community Services shifted from having a parent advisory board to designating and hiring 10 family policy advisers. These staff members with lived experience work in each regional office, the state administrator's office, and the Office of Native American Services. The positions were created to bring the voices and perspectives of parents and caregivers who have experienced the child welfare system inside of the organization. Family policy advisers participate in developing policies and regulations, reviewing cases, improving services, and more. The purpose of bringing their perspective inside of the child welfare structure is to help design and create a transformed system.

## Consideration 2. Use data to identify, assess, and inform needs and solutions.

There is a need for a ***standardized definition*** of children with high acuity or complex behavioral health needs. This impedes a clear understanding of who these children are, their needs, and what types of services can support the achievement of positive short- and long-term outcomes. A comprehensive, strengths-based definition of children with high acuity needs will help practitioners and policymakers identify and respond to needs from a holistic perspective. A strengths-oriented definition should examine both protective and risk factors, and include dimensions of cognitive functioning, physical health and development, behavioral/emotional functioning, and social functioning (See Figure 3).

**Figure 3.** *Key Assessment Domains for Child Assessment in Child and Family Social Services*




*Source*: Adapted from Pecora, P.J. (2015). *Assessment: Ensuring that children receive the right services at the right time from high quality providers*. Presentation for the National Association for Children's Behavioral Health conference, Baltimore, July 16, 2015.

A shared definition should be developed in partnership with children and parents with lived experience so that it does not reflect a one-sided story of deficits and should highlight systemic issues and historical trauma that impact children's emotional and behavioral outcomes. The following steps could help us move toward a comprehensive and strengths-based definition:

- A national survey to clearly understand: (a) how states are defining children with high acuity or complex behavioral health needs; (b) assessment measures that are being used to identify and diagnose them; and (c) treatment plans that are developed to specifically address their needs.

- Consistent application of the Child and Adolescent Needs and Strengths child and family assessment tool to understand the needs of children and accordingly provide adequate support.
- Consistent use of a multifaceted functional assessment to examine (a) social determinants of children's outcomes; (ii) children's traumatic experiences; and (c) the overall sense of self of the child and family members.

Analysis of national, state, and local data can help identify important trends as they relate to: (a) the number of children categorized as having complex care needs based on a standardized definition; (b) characteristics of these children; (c) over- or underrepresentation of certain populations such as BIPOC, LGBTQIA+, and children with disabilities; (d) their access and utilization of services; and (e) children's short- and long-term behavioral health and well-being outcomes.

At the state and local levels, data is critical in informing and targeting system responses.[11] Agencies need to understand which families are most in need of services, which young people spend time in restrictive settings or experience placement instability, and what support is necessary to reduce family separation.

In addition to administrative data sources like the Adoption and Foster Care Analysis and Reporting System, the National Child Abuse and Neglect Data System, and the National Survey of Child and Adolescent Well-Being, geospatial data can also be used to understand the type of community resources that children and their families have access to for prevention and emergency needs as a predictor of their well-being. Casey Family Programs' Community Opportunity Map (COM) and the Latino Data Hub are examples of tools that can be used to examine child and family well-being as well as social determinants that impact them. Virginia has used the COM tool to examine community needs and to place Family Resource Centers accordingly. Nebraska Children and Families Foundation launched its own version of the COM tool and has used it to identify and address the needs of their community through stakeholder engagement, making data-informed decisions, and targeted resource allocation.

## Consideration 3. Build coordinated, cross-system approaches.

Children with high acuity needs and their families often require a range of services and support. In addition to behavioral health services, families may need assistance in areas such as housing, health care, food access, transportation, and child care that cause chronic stress and further exacerbate emotional and behavioral health challenges. To proactively address these diverse needs, it is essential that various systems collaborate and coordinate their efforts and funding streams.[12]

There are ***federal efforts*** underway to advance multisystem coordination for this population. The U.S Department of Health and Human Services (HHS) has provided specific coordination opportunities between the Health Resources and Services Administration, Substance Abuse and Mental Health Services (SAMHSA), CDC, the Administration for Children and Families, Administration for Community Living, and the Centers for Medicare & Medicaid Services to support the mental health needs of

children. The commitment highlights various partnerships to leverage federal resources to support children's mental health. HHS through SAMHSA has also announced an award of $31.5 million in behavioral health grants for children, youth, and families. Within this larger award, $10.3 million has been awarded to 13 communities for unmet needs in children's health. These communities will be focusing on the mental health of children who might be at risk of entering the system and being later categorized as children with complex care needs.

Efforts are also in place in various jurisdictions for cross-system collaboration to ensure that children with complex behaviors and multisystem involvement receive the support they need. For example, the Ohio Department of Medicaid launched Resilience through Integrated Systems and Excellence (OhioRISE), a new specialized managed care program that grew out of discussions among leaders in the child welfare, juvenile justice, and mental health systems about preventing out-of-home placement and custody relinquishment and better serving multisystem children. A 1915(c) Medicaid home and community-based services waiver features targeted services intended to keep families supported in the community, with a goal to prevent institutionalization. Intensive care coordination, crisis response, respite care, intensive home-based treatment, residential psychiatric treatment, and flexible funding (e.g., for costs such as extracurriculars, sports uniforms, and YMCA memberships) are all part of the menu of Medicaid-billable services.

Many jurisdictions are incorporating a systems of care service delivery approach that builds partnerships to create a broad, integrated process for meeting families' multiple needs. This approach is based on the principles of interagency collaboration, individualized strength-based care practice, cultural competence, community-based services, accountability, and full participation of families and youth at all levels of the system.[13] The value of a systems of care approach is only realized when both the planning process and the services and support are individualized, family-driven, culturally competent and community-based. Additionally, services should be easy to access and should increase the natural support available to families by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships.[14]

### New Jersey's Mobile Response and Stabilization Service

The Children's System of Care at the New Jersey Department of Children and Families developed Mobile Response and Stabilization Services (MRSS), an innovative approach to supporting and stabilizing children or families in crisis. The goal of MRSS is to provide intervention and support at the earliest moment families identify that help is needed. Early intervention increases the opportunity to minimize the likelihood of future crises and supports a child and family's path to success. Through MRSS, a behavioral health worker is available to any family, anywhere in the state of New Jersey, at any time — 24 hours a day, seven days a week, 365 days a year. Since its inception in 2004, MRSS has consistently maintained 94% of children in their living situation at the time of service, including children who are involved with the child welfare system.

## Consideration 4: Create accessible, culturally responsive, healing-centered behavioral health support.

Services and support for children with complex behavioral needs should be culturally responsive, trauma-informed, and healing-centered. Services should be available in home and community-based settings whenever possible. Comprehensive community-based services as well as access to specialized support like Treatment Foster Care will help ensure that group settings are a last resort for only those children with extremely complex mental, behavioral, or medical needs, and are only for short-term intensive treatment.

"This is matters of the heart. You have to let the kids know that they are accepted for who they are because when they come to us, they don't know what to expect. You have to give them love and control. So much control has been taken away from the kids. Give them control and let them maintain things that they had before they came … like their friend, culture, and identity. Let your heart be present in the decisions you make for the kids."

-Marquetta King, parent advocate and foster parent

According to the National Child Traumatic Stress Network, using a trauma-informed and culturally responsive lens in mental health services is especially important because:

- The effects of racism, past and present, continue to play out today. Any true understanding of racial trauma must account for the sociocultural and historical context.
- A critical element of trauma intervention is overcoming taboos, such as naming racism, and "making the unspeakable speakable."
- An acknowledgment of past experiences of trauma enables opportunities for healing invisible wounds.
- Awareness of, and responsiveness to, a person's cultural experience can significantly improve mental health outcomes.

The Connecticut Department of Children and Families has developed a trauma-informed

### Removing barriers to family therapy under Medi-Cal

In 2021, California clarified and expanded eligibility for, and access to, family therapy under Medi-Cal. Young people under age 21 are now eligible for "non-specialty mental health services" based on a mental health diagnosis *or* life experiences such as: (a) separation from a parent/guardian due to incarceration or immigration; (b) death of a parent/guardian; (c) foster home placement; (d) food insecurity: (e) housing instability; (f) exposure to domestic violence or other traumatic events; and (g) maltreatment, severe bullying, or discrimination based on race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disability. Naming racism and other types of discrimination as qualifying for mental health support is destigmatizing and allows young people to access critical support based on challenging life experiences rather than a formal mental health diagnosis.

approach that is embedded across day-to-day case practice, including upstream prevention efforts and partnerships. The Urban Trauma Initiative builds capacity within networks of providers in four urban communities to implement interventions focused on race-based trauma and stress. This work, supported by the Urban Trauma Performance Improvement Center, was launched using American Rescue Act Funding and the Mental Health Block Grant. The department's goal is to build enough evidence to eventually make this a Medicaid-reimbursable service.

Along with local responses, broader programs like Medicaid can play a key role in increasing access to culturally relevant behavioral health services and support. Promising innovations include removing diagnosis as a barrier to accessing therapeutic services and broadening the types of providers whose services can be reimbursed, to include roles such as community health workers and peer coaches.

States and child welfare systems are taking a leading role in supporting the adoption of empirically validated interventions to better support child and family emotional and behavioral health outcomes.[15] The Title IV-E Prevention Services Clearinghouse was established by the Administration for Children and Families to promote effective programming that prevents foster care placements, including mental health programs for children and families. As of November 2023, 81 programs have been rated as promising, supported, or well-supported.[16] The programs focused on supporting children with emotional, behavioral, and mental health needs are provided in Figure 4.

**Figure 4.** *Examples of interventions for helping youth with emotional and behavioral conditions*

| Well Supported | Supported | Promising | Innovative |
|---|---|---|---|
| • Attachment Biobehavioral Catch-up (ABC)<br>• Cognitive Behavioral therapy (CBT)<br>• Cognitive Processing Therapy<br>• Coping Cat<br>• Ecologically-Based Family Therapy<br>• Eye movement desensitization and reprocessing (EMDR)<br>• Homebuilders<br>• Mindfulness–Based Cognitive Therapy (MBCT)<br>• Motivational Interviewing<br>• Multisystemic Therapy (MST) for Youth with Problem Sexual Behavior<br>• PAX Good Behavior Game (PAX GBG)<br>• Trauma-Focused Cognitive Behavioral Therapy | • Adolescent Community Reinforcement Approach<br>• Aggression Replacement Therapy (ART) (OJJDP rated it as effective)<br>• Brief Strategic Family Therapy<br>• Cognitive Behavioral Therapy (CBT) for Adolescent Depression (NREP rating 3.4-3.7)<br>• Dialectical Behavior Therapy (DBT)<br>• Ecologically-Based Family Therapy<br>• Eye Movement Desensitization and Reprocessing - Standard Protocol<br>• Functional Family Therapy<br>• Moral Reconation Therapy (NREP ratings 1.9-2.0)<br>• Prolonged Exposure Therapy for Adolescents with PTSD<br>• Structured Sensory Intervention for Traumatized Children, Adolescents and Parents<br>• At-risk Adjudicated Treatment Program (SITCAP-ART) (NREP 2.5 rating)<br>• Trauma Affect Regulation: Guide for Education and Therapy (TARGET) (NREP ratings 3.0 - 3.2 | • Anger Replacement Training® (ART®)<br>• Adolescent Coping with Depression (NREP ratings: 3.6 – 3.8)<br>• Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)<br>• Mindfulness Therapy<br>• Residential Student Assist Program (RSAP) (OJJDP rated it as effective)<br>• Solution-Focused Brief Therapy (SFBT) (OJJDP rated it as promising)<br>• Theraplay<br>• Trust-Based Relational Intervention (TBRI®)<br>• Yoga | • Anger Management Group Treatment Model<br>• Applied Behavior Analysis (ABA) approaches with Individualized Intensive Behavioral Interventions (IBI)<br>• Attachment, Regulation and Competency (ARC)<br>• Biofeedback and Neurofeedback<br>• Complex Trauma Treatment<br>• Drumming<br>• Equine Therapy<br>• Music Therapy<br>• Real Life Heroes<br>• Sensorimotor techniques<br>• Structured Psychotherapy for Adolescents<br>• Sweat Lodge Ceremony<br>• Responding to Chronic Stress (SPARCS)<br>• Therapeutic Crisis Intervention (TCI) |

*Source:* Pecora, P.J. (2023). *Helping youth heal with emotional and behavioral health needs: A background paper for the Casey work group for youth with unmet complex needs*. Casey Family Programs, p. 13.

While these interventions meet the rigor and standards set forth by the Clearinghouse, the majority were not designed to benefit tribal communities or communities of color.[17] There is a clear need to rigorously evaluate culturally specific interventions to build up their evidence base. Of the 81 approved interventions in the Clearinghouse, only four are culturally specific, and of those four, only one is a positively rated mental health program and service — the Effective Black Parenting program. Multilevel solutions are needed to ensure that more evidence-based programs are created for and by communities of color and other marginalized communities. SAHMSA provides guidance on how to build and advance interventions for children and families that are disproportionately impacted by the child welfare system.

Practitioners and policymakers should also acknowledge the importance of indigenous and other non-Western models that can play a pivotal role in supporting children and families to heal and achieve an overall state of well-being. For example, Opportunity Youth Action Hawaii (OYAH) is a community-based, indigenous model of healing and restorative justice, rooted in Hawaiian knowledge and cultural practices, including re-engaging with elders and reconnecting to the land and community. OYAH offers support to homeless children and an alternative to incarceration that focuses on reintegration and helping children to heal and embrace their promise as positive community contributors. Their integrated approach involves many partner organizations that collaborate to provide educational, workforce, food security and housing support, trauma-informed care, and leadership development.

## Consideration 5: Invest in workforce capacity building and training.

Child welfare and behavioral health workforces face unprecedented challenges, and both play a pivotal role in ensuring that children and families with high acuity or complex behavioral health needs get timely, culturally responsive, and effective care. A well-resourced, well-trained, and highly skilled workforce is essential to meet the needs of families and children. Hiring and retention of behavioral health professionals has been a concern in the child welfare space for many years and was exacerbated significantly during the COVID-19 pandemic. Burnout, pay structure, workload, administrative expectations, and other issues contribute to high turnover,[18] and many jurisdictions are working to stabilize and reinvigorate the workforce.[19]

Intentional development of the workforce is important to ensure that staff can be responsive to the needs of families and children who are either at risk of entering, or currently in, the child welfare system. The racial and ethnic composition of the workforce is vastly different from the families that are overrepresented in the child welfare system, i.e., Black, Latinx, and American Indian/Alaska Native children. As a result, many families and children do not feel seen by caseworkers. Recruiting and retaining a diverse pool of caseworkers as well as mental health and substance use treatment providers who can provide culturally competent services is critical. Incentives such as scholarships and loan forgiveness are important opportunities. For example, the Title IV-E Training

Program and the SAHMSA's Minority Fellowship Program provide incentives for professionals of color. Other initiatives that focus on creating a pipeline of professionals from tribal, immigrant, and LGBTQIA+ communities should also be put in place.

> "Not only are the supports not accessible, they are not relatable. A lot of clinicians that young people have are not relatable. People need to step away from the professional way of doing treatment. People should look at different ways of reaching young people. For example, community relationships, mentoring programs … it will get kids more comfortable to open up."
>
> - DeQuincy Berger, youth advocate and alumni of care

It is also important to invest in roles such as community health workers (CHWs) and peer coaches, who are part of the local community and often share lived experience with the community members they serve. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, help people get the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some basic direct services such as first aid and blood pressure screening.[20] Because they are trusted members of the communities they serve, CHWs are able to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs are a valuable resource in helping families navigate resources and prevent interactions with formal systems such as CPS, and in addressing gaps in the mental health and substance use treatment workforce.

**Catalyst Center: Workforce training and capacity building efforts**

Catalyst has launched two cohorts of the Clinical Supervisors Development and Consultation Group. Thus far, the clinical consultation groups have served a total of 14 participants, representing 10 Short-term Residential Therapeutic Programs provider organizations and eight counties. The groups provide workforce support for staff servicing children with unmet complex needs. The Catalyst for Wellness in Community Apprenticeship Program is another program aimed at, but not limited to, individuals with lived experience. It includes a supplemental training curriculum on vicarious trauma and providing trauma-responsive care. It is designed to help the workforce by increasing the number of trained staff and boosting the competency of direct care staff, while also establishing a pipeline of apprentices who desire to continue their education and progress toward social work or clinical positions after completion of the program.

Measures should also be taken to train the workforce to effectively assess needs and provide appropriate support. Proper training in administration of assessments like the Child and Adolescents Needs and Strengths tool, developing a clear case plan in partnership with children and their caregivers, and providing a pathway for various community-based support is essential for children to feel supported and empowered about their own well-being. The workforce should also be

trained in techniques that enable them to build rapport and empathy with children, including motivational interviewing, trauma-informed approaches, and healing-centered frameworks. These approaches will build the capacity of social workers and mental health professionals to understand and address complex emotional and behavioral patterns within the context of children's life experiences.

## Consideration 6: Strengthen community pathways and concrete support for prevention.

While a well-functioning child protection agency can intervene when it is truly necessary to safeguard children who are at risk from their caregivers, it should not be the first response to treatment and support for children experiencing behavioral health challenges. Unfortunately, treatment and placement concerns are often conflated in efforts to meet the needs of children. If in-home and community support are available prior to, and at the onset of, behavioral health challenges, we can avoid many children experiencing the trauma of family separation and placement in congregate care or other restrictive settings. Investment and partnership with communities is essential to create noninvasive, culturally relevant, local services that do not require the direct involvement of child protection.

Investing in community-based support can take many different forms, including: (a) preventive wraparound services; (b) concrete support like child care, housing, and guaranteed income; and (c) long-term investments in the economic empowerment of families and communities, including supporting small business development and social enterprises.

Through the Family First Prevention Services Act (Family First), enacted in 2018, many jurisdictions are developing innovative approaches to delivering prevention services without direct child welfare system involvement. For example, community pathways can provide families access to culturally relevant prevention services without direct involvement of CPS. Through these pathways, approved entities such as community-based organizations and other public agencies may deliver support and perform the requirements of Family First. To date, 52 states and 4 tribes have articulated a community pathway approach in their Family First Prevention Plan.[21]

In addition to Family First, many jurisdictions are investing in concrete services and

**Family Resource Centers**

Family resource centers (FRCs) are community-based resource hubs where families can access formal and informal support to promote their health and well-being. FRCs vary widely but typically include a range of services, and many are designed to help stabilize families before a crisis reaches a level requiring CPS intervention. San Francisco maintains a network of 26 FRCs, created and funded by the San Francisco Department of Early Childhood (formerly First 5 San Francisco), the Department of Children, Youth and Their Families, and the San Francisco Human Services Agency, with backbone support from Safe & Sound. Services include support groups, play groups, health care coordination, case management, resource referrals, parent education workshops, and community events and celebrations. For more information see: Do place-based programs, such as Family Resource Centers, reduce risk of child maltreatment and entry into foster care?

economic support to provide families with the resources that they need to meet their basic needs. The Guaranteed Income Network showcases 31 pilot programs that are being implemented across the country. While there is still limited evidence on the impact of guaranteed income and universal basic income on the mental and behavioral needs of children directly, there is sufficient evidence showing these programs reduce family stress and increase ability to address basic needs that can play a vital role in the overall well-being of children.[22]

## Consideration 7: Increase access to effective legal support and advocacy.

Quality legal representation is an essential safeguard to ensure that all parties' legal rights are well protected, important information is conveyed to the courts, and the wishes and needs of all parties — children and their parents — are effectively voiced. Preventive legal advocacy aims to resolve upstream legal problems to strengthen families, address the social determinants of health, and eliminate unnecessary reports to CPS.

In December 2018, the Children's Bureau revised the Child Welfare Policy Manual to permit Title IV-E agencies to claim administrative costs for attorneys to provide legal representation for children and their parents. This change was intended to ensure that reasonable efforts are made to prevent removal, to engage parents and children in their case plans, and to make timely efforts to finalize permanency for children.[23]

Proper pre-petition or preventive legal representation can help parents and social workers address matters such as custody and divorce, safe and affordable housing, public benefits, special education, and other issues that can often lead to increased stress among parents.[24] Addressing these poverty-related challenges can help prevent child maltreatment and reduce instances of children being placed in out-of-home care. This support can be especially helpful for parents who are taking care of children with higher emotional and behavioral health needs, as they will require additional support to ensure that their unmet needs are met.

Reports from various states suggest that quality legal representation for parents can support:

### Legal Aid Services of Oklahoma

Legal Aid Services of Oklahoma was approached by the state's Department of Human Services in 2014 to provide pre-petition legal services as the result of a settlement agreement with the state Supreme Court. The purpose of the family representation contract is to eliminate legal obstacles that increase the risk of children entering or remaining in foster care. The department pays Legal Aid an hourly rate to serve referred cases. Originally in nine counties, the program currently operates in 42 of Oklahoma's 77 counties. Legal Aid attorneys staff the program across the state and have between 200 and 240 open cases at any given time. According to Program Director Michael Figgins, foster care is prevented for most of the children served by the program, and for those who do enter foster care, time in care is significantly reduced.

Source:
https://www.casey.org/preventive-legal-support/

- more timely permanency (including reunification, adoption, and guardianship);
- increased parent engagement and perception of fairness;
- more individualized case plans and better access to services;
- more frequent and timely family visitation;
- better judicial decision-making; and
- cost saving for child welfare agencies due to reduced time in foster care.

In addition to preventive legal representation, high quality legal counsel for children who are in care is also essential in securing needed services and advancing their wishes and best interests.

## Consideration 8: Prioritize kin placement and expand support for kin.

Children are best raised by their families when that can be safely accomplished. Therefore, investments should be made in prevention-based services and strategies aimed at keeping families together, including access to community-based and in-home behavioral health services for children with complex needs. In addition to increased access to community-based and in-home services, intensive family-finding, use of kinship care, and support of kinship treatment foster care are all important ways to minimize time away from family.

When CPS determines a child must be removed from the home in order to remain safe, that child deserves to be placed with kin, whether relatives by blood or marriage, or people who are close to the child and family, also known as chosen family or fictive kin. The Administration for Children and Families published in 2023 a new set of priorities that includes prioritization of kin placement.

Like all children in out-of-home care, those placed with kin are entitled to resources and support that help protect their safety, promote their well-being, and facilitate permanency — ideally through safe reunification with their family. For children with complex needs, additional in-home support for kin may be critical. It is the responsibility of the agency, not the kinship family, to provide appropriate support in ways that are acceptable to the family and within the family's comfort zone.

Kinship care support should include kinship navigation, which provides caregivers with

**Kinship Therapeutic Foster Care Pilot Program**

The Family Focused Treatment Association's (FFTA) Kinship Therapeutic Foster Care program is based on their philosophy that all youth belong in families, preferably their own families. The vision is that youth in out-of-home care who have behavioral health treatment needs can have those needs met by relatives, in the context of family. Children are more likely to achieve permanency when kinship caregivers have access to the full range of training, services, and financial support available through therapeutic foster care. From January 2020 through December 2022, FFTA piloted Kinship Therapeutic Foster Care in three North Carolina counties, with evaluation support from Child Trends. Though small-scale, the evaluation was promising and suggests potential for successful implementation through public/private partnerships.

*Source: Presentation at Casey Family Programs Healing Pathways Peer Learning Exchange, February 15, 2024*

information, referrals, and assistance applying for support. Kinship navigator programs increase social support, improve family resources, and improve child safety and placement stability. They also can help inform the community and service providers about the needs of kinship caregivers and the children within those families. Since 2018, the federal government has provided a dedicated funding stream for kinship navigator programs through the Family First Act.

Child welfare systems were not designed with kin families in mind, as foster care was set up as a system of stranger care. To shift mindsets as well as policy and practice, child protection agencies must reimagine their approaches, engage people with lived experience, including kin caregivers, and develop new processes and solutions. A full list of key considerations focused on the intersection of complex behavioral health needs, congregate care placements, and the importance of kin placement is available in APPENDIX B.

## Conclusion

Ensuring the well-being of children and families with high acuity needs is a multisystem responsibility that requires active efforts from behavioral health, medical, child welfare, and all other aligned fields that interact with them on a regular basis. These efforts should separate the need for treatment for behavioral health versus placement of children due to safety reasons so that children are not being separated from their families, being traumatized, and further exacerbating their behavioral health challenges that may be responses to trauma. This report provides a set of key considerations that focus on lifting community voices, using data to drive policy and practice changes, building workforce capacity, and developing strategies for early intervention and family support when responding to children with high acuity needs. For these considerations to be effective there is a need for leaders across systems and jurisdictions to engage in peer-to-peer learning as well as strategy development that is focused on short- and long-term interventions. Additionally, these considerations must be assessed and applied to the local contexts of communities in which they are being implemented.

# APPENDIX A

## Casey Family Programs Discovery Questionnaire
## Youth with Unmet Complex Care Needs in the Child Welfare System

This short survey of 5 questions will take approximately 15 minutes to complete. The survey is designed to help the Unmet Complex Care Needs Workgroup better understand the ways your jurisdictions are defining "youth with unmet complex care needs" and the type of initiatives that are currently underway to provide them with supports for better outcomes.

Q1. Which team do you belong to? Click all that apply.

CFS Field Office
CFS Practice and Operations
Indian Child Welfare
SI Services
SI Operations
Data Advocacy
Knowledge Management
National SI Partnerships
Research Services
Technical Assistance
Judicial Engagement Team
SC1
- Name the jurisdiction(s)_____________

SC2
- Name the jurisdiction(s)_____________

SC3
- Name the jurisdiction(s)_____________

SC4
- Name the jurisdiction(s)_____________

Q2. Are you aware of the term Unmet Complex Care Needs?
Yes
No
Unsure

Q3. What are some characteristics used to describe "Youth with Unmet Complex Care Needs" in your jurisdictions?
**[Open ended question. Provide a blank space]**

Q4. Are there any initiatives within your jurisdiction or unit that focus on "Youth with Unmet Complex Care Needs"?
Yes

No
Unsure

Q5. Please provide examples of current or past initiatives or programs in your jurisdictions or unit that focus on “Youth with Complex Care Needs”.
**[Open ended question. Provide a blank space]**

# APPENDIX B

## Key considerations for intersection between complex needs and congregate placements[i]

The workgroup put together some key considerations in addition to the ones that have been provided in this report. These considerations have implications for the intersection between unmet complex needs and congregate placements of children, particularly children of color. They specifically build on the efforts and principles that have been put forth by the *Ending the Need for Group Placement* effort that is jointly led by community partners across the nation, Casey Family Programs, and the Annie E. Casey Foundation. We urge readers to engage with community members, researchers, policymakers, practitioners, and other key stakeholders to further examine the points below.

1. ***We should operate based on a family well-being framework.*** Rather than pathologizing this situation, how do we focus on creating a well-being system that focuses on providing support to families at early stages of need rather than waiting for a crisis?

2. ***An in-depth analysis should be conducted in each state to understand who is being placed in group homes, residential treatment centers, and psychiatric residential treatment facilities (PRTFs).*** Having high quality assessment data to understand which children are being placed, the reasons for their placement in group settings, and their pathway to permanency can help determine if the group placement was needed in the first place. Standardized child and family assessment data can be used in Latent Class Analyses and other powerful clustering techniques.[25]

3. ***Be conscious of systems dynamics and how they can contribute toward the children being placed in group versus family-based settings.*** Systems often produce the outcomes they were designed to produce, and reproduce. In the case of group placements, bed availability can often translate into inappropriate placements because the group placement is readily available and someone else is paying for it. There are powerful forces at play that incentivize the use of group placements, and those forces need to be mapped out and addressed, including the perspective of juvenile court judges, Court Appointed Special Advocate volunteers, and guardians ad litem.

4. ***Reform group placements so that they can be used effectively for short-term intensive treatment programs rather than child placements.*** Group homes, therapeutic ranches, and residential treatment centers are being required by the Family First law and other reforms to avoid being merely "child

[i] Key considerations have been developed by the Youth with Unmet Complex Care Needs Workgroup

placements," but to function as short-term, intensive treatment programs. To function effectively as short-term intensive treatment programs, these organizations should be managed by behavioral health or health care systems rather than child welfare. Additionally, they need to be funded better to pay their line staff adequately, limit child length of stay, and be held more strictly accountable for achieving clinical gains with the children. They should also involve parents, siblings, and extended family early and often while a child is in treatment and provide aftercare support for 6-12 months after a child leaves the facility.

5. ***Clear and measurable targets should be set by jurisdictions to reduce the number of children in shelters, offices, hotels, and congregate care placements.*** All stakeholders, including lived experience experts, should set these targets and measure the success of the implemented strategies. By setting these targets, jurisdictions will have to be innovative and take a multisystem approach to reduce the number of children in nonfamily settings. One way to do this is by creating agency dashboards, so that the trend data can be shared regularly with judges, people with lived expertise, and other key representatives to examine best practices and challenges in meeting goals.

6. ***Consider the implications of using the Safety Science lens.*** Through The National Partnership for Child Safety and other initiatives, Casey Family Programs is currently exploring how evidence-based approaches can be used to inform preventive and responsive actions for child safety rather than basing policy and practice decisions on emotions or assumptions.

7. ***Maximize the integral role of philanthropic partnerships to improve community resources.*** Philanthropic organizations that stand for equity and social justice should be cognizant of the projects and frameworks that they are supporting and how their position can support the creation of community-based support that empowers communities, leads to their economic progress, and keeps families together. This can be done by promoting community leadership, understanding historical factors and systemic biases that lead to poor outcomes of children and families of color, and addressing power dynamics between funders, community organizations, individuals with lived experiences, and other stakeholders. Some of the reforms needed in this area will not be accomplished in a burst of 2–3-year activity; instead, they will require a 5–10-year commitment that transitions to stable sources of continuing funding.

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## Casey Family Programs

Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families in the United States. By working together, we can create a nation where Communities of Hope provide the support and opportunities that children and families need to thrive. Founded in 1966, we work in all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands and with tribal nations across North America to influence long-lasting improvements to the well-being of children, families and the communities where they live.


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