



Center for
Juvenile
Justice
Reform

Improving Health Care for Adolescents

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The Good and the Bad

- **Bad News:** Adolescents are not getting the health services that they need which is due to a number of factors
- **Good News:** A number of recent studies and reports have identified the ways in which practitioners and policymakers can improve their delivery of services to this difficult to reach population



Challenges

- A number of challenges exist when trying to provide health care for adolescents that include:
 - Workforce Development and Training
 - Access
 - Parental Involvement
 - Quality of Care



Challenges: Workforce

- There is a disconnect between what clinicians believe they are providing and what adolescents report they are receiving.
- There are a lack of training and professional development opportunities for adolescent-specific health services.



Challenges: Access

- Lack of access to health services for adolescents encompasses a number of issues:
 - Lack of coverage of certain health services
 - Lack of coordination of primary and specialized care
 - Settings that do not foster communication of sensitive behaviors or health conditions



Challenges: Role of the Parent

- The role of the parent is a complicated balance of two interests:
 - Communication and involvement of parents in adolescent health care decisions
 - The privacy and confidentiality interests of the adolescent who is seeking health services
- Parental notification and privacy laws are two ways that have attempted to address the problem



Challenge: Quality of Care

- Adolescents face an array of problems that affect the quality of care that they receive:
 - Insurance reimbursement rates
 - Diversity of health care providers
 - Lack of awareness or familiarity of health guidelines for adolescents and young adults



Special Adolescent Populations

- In addition to the challenges that adolescents in the general population face, the problems of special subpopulations also must be addressed:
 - Adolescents in the Foster Care System
 - Adolescents in the Juvenile Justice System
 - LGBTQ Youth



Special Populations: Additional Challenges

- Disparities and disproportionality
- Along with increased health issues, adolescents in these subpopulations also face additional challenges:
 - Lack of appropriate screening
 - Lack of effective treatment while in systems
 - Lack of follow-up after leaving system



Why is This Population Important?

- Many health problems and much of the risky behavior that underlies later health problems begin during adolescence.
- Prevention, early intervention, and timely treatment improve health status for adolescents, prepare them for healthy adulthood, and decrease incidence of many chronic diseases in adulthood.



How Can You Work With These Populations?

- One area that can have a major impact is in the field of education
 - Collaborate with school-based care
 - Create educational linkages
- Create a health model for adolescents who are transitioning out of the different systems



Promising Work

- There are a number of jurisdictions around the country that work to help these difficult to reach populations.
 - Milwaukee, Wisconsin
 - New York
 - San Francisco's Healthy Kids & Young Adults
 - Denver Health



An Example: Milwaukee

Wraparound Milwaukee

- Serves children and adolescents who have serious emotional disorders and who are at immediate risk of residential or correctional placement or psychiatric hospitalization
- Multiple Funding Streams
- Coordinated Care Services
- Family Involvement
- Reduced placements in psychiatric hospitals by 80%, use of residential treatment by 69%, and cost of care per child from \$5,000 to \$3,399.



An Example: New York

- The state of New York has been working to improve both funding and services for youth involved in the juvenile justice system
 - Coordination and Continuum of Funding
 - Co-location of mental health providers in juvenile justice facilities
- Recidivism rate of less than 1% for juvenile sex offenders, and decreased length of stay in juvenile justice institutions from 22.3 to 14.5 months



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An Example: San Francisco

Healthy Kids and Young Adults Program

- Expansion of public insurance plan to age 25
- Provides complete medical care, including preventive and emergency care, hospitalization, dental care, mental health and substance abuse services
- In 2005, San Francisco waived the eligibility criteria that prevented many former foster care youth from enrolling in the program



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An Example: Denver

Denver Health and Hospital Authority

- A comprehensive, integrated health system that serves the city and county residents of Denver, Colorado
- Variety of medical treatment centers
- Various funding streams
- Community partnerships
- 77% of patients using the school-based health centers are Hispanic, and 53% have no insurance. Additionally, a recent study found no racial/ethnic disparities in care for cancer screenings, blood pressure control and diabetes management.

Source: Eisert et al., Can America's Urban Safety Net Systems be a Solution to Unequal Treatment?, Journal of Urban Health 85(5): 2008



With What Money?

- Stimulus Package can possibly be used to build new clinics
 - Title I of DoE for construction or ARRA
 - HHS community health center



Elements of Successful Reform Agenda

- Political Will
- Public Perception
- Structural Elements
- Fiscal Underpinnings



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