Adolescents: A "Non-Sysntem" of Care

Health Services for Children and Adolescent
Health Services for Children and Adolescents: A "Noon-Care" of Care
Health Services for Children and Adolescents: "No One System of Care"

In the 1960s, the growth of special education programs and the emergence of the Head Start program led to the identification of special education needs among young children. As a result, the need for comprehensive Early Intervention Services (EIS) was recognized, and a streamlined structure for delivering these services was established. In 1965, the Public Health Service (PHS) published the report "Health Services for Children and Adolescents," which outlined a comprehensive approach to health care for children.

By 1970, the health care system for children and youth had evolved significantly. Early Intervention Programs were established, and the concept of a "team approach" to health care was introduced. This approach emphasized the collaboration of multiple professionals and agencies to provide comprehensive care to children with special needs.

In 1975, the Health and Education Amendments Act was passed, which mandated the development of comprehensive health education programs in schools. This legislation highlighted the importance of integrating health education into the curriculum and provided financial support for states to develop these programs.

In 1980, the federal government began to focus on the development of a national system of health care for children, including the creation of the Children's Health Act of 1980. This act established a framework for the provision of health care to children and was a significant step in the development of a comprehensive system of care.

Conclusions:
The US health care system for children and youth has faced numerous challenges in its development. The lack of a coordinated approach to health care for children has resulted in fragmented services and inconsistent care. The need for a comprehensive system of care that addresses the diverse needs of children and their families remains a priority. The development of a national system of health care for children is essential to ensure equitable access to high-quality care and to promote the overall well-being of children.
Although significant progress has been made in improving the health and well-being of children and adolescents, new challenges remain. The health care system is increasingly focused on providing comprehensive care, including mental health services, to meet the needs of children and adolescents.

The current state of child and adolescent health care is characterized by a lack of funding and resources. The early 1990s, when the federal government allocated more funding for health care, was a turning point. Since then, funding for mental health services has remained limited, and there has been a significant decline in the availability of mental health services for children and adolescents.

The Children's Health Act of 1990, which provided funding for the National Children's Mental Health Awareness Day, was a significant step forward. However, the funding was not sustainable, and the act expired in 1991. Since then, funding for mental health services for children and adolescents has remained limited.

In conclusion, the need for comprehensive mental health services for children and adolescents is urgent. Funding and resources must be increased to ensure that all children and adolescents have access to the care they need.
Health Services for Children and Adolescents: A "Non-Proposal" of Care

Through dependent care coverage of their parents, Employer-based health plans provide a significant financial benefit to children, ensuring that at least 70% of families with incomes above 100% of the poverty level have health insurance coverage. However, the majority of families earning below the poverty line lack such coverage, placing them at a greater risk of poor health outcomes. This highlights the importance of expanded access to health insurance for all children, particularly those from low-income families. The advent of employer-sponsored health insurance has significantly increased the number of children with access to health care, but significant gaps remain. Children of color and those from low-income families are disproportionately affected by these inequities. It is imperative that we continue to address these disparities to ensure that all children have access to quality health care.
The Story of Kells: How Children in Income Stairs Improved Service and Impact

To illustrate these points, three scenarios are outlined below.

Lack of adequate funding and limited resources. Lack of consistent funding is a major barrier to providing quality services for children. Many programs struggle to cover the costs of their services, making it difficult to sustain programs over time. For example, a child care center may secure funding for a year, but if the funding is not renewed, the center may have to close, leaving children without access to necessary services.

Understanding the scope and complexity of service programs. Effective programs require a comprehensive approach that addresses the needs of children at all ages and stages of development. This includes early intervention, ongoing support, and targeted services that are tailored to the unique needs of each child.

Service system snapshots. Despite the challenges, there are some successful examples of effective service systems that provide comprehensive support to children and families. These systems often incorporate a range of services, including health, education, and social support, to create a holistic approach to early childhood development.

Program Eligibility

88% and found, 1992; U.S. General Accounting Office, 1994).

light are not coordinated (National Commission on Childcare, 1991). This is an area that needs improvement to better support the needs of children and families. By addressing these issues, we can improve the outcomes for children in the community and ensure that they have access to the services they need to thrive.

Public Sector Programing

Improving Access to Health Services

As noted earlier, the lack of access to health services is a significant barrier to the development of children. Many children do not have access to routine health screenings, vaccinations, or dental care, which can have long-term impacts on their health and well-being.

Greater emphasis on early childhood education and development is needed to support the growth and development of children. Public sector programs can play a critical role in ensuring that children have access to quality early childhood education and development services.

Conclusion

In conclusion, improving access to health services and providing support for families is essential to the development of children. By working together, we can create a system that supports the unique needs of each child and family, ensuring that all children have the opportunity to thrive.

Reference

### Table 6.2
How Income Status Impacts Service/Program Eligibility: The Case of Kelli

<table>
<thead>
<tr>
<th>Program or service</th>
<th>Program/service orientation or function</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelli while her mother has no earned income</td>
<td>Private physician care</td>
<td>Medical services.</td>
</tr>
<tr>
<td>Temporary Assistance to Needy Families (TANF)</td>
<td>Income support, with work requirement that provides assistance with child care expenses.</td>
<td>Each state sets eligibility criteria. TANF benefits are unlikely to raise a family's income to more than 50 percent of the federal poverty level.</td>
</tr>
<tr>
<td>Medical Assistance</td>
<td>Payment for medical care for very low income individuals/families, and those with disabilities.</td>
<td>As long as Kelli and her mother meet 1996 eligibility criteria for welfare, Kelli will be eligible for comprehensive preventive, primary, and specialty care through EPSDT.</td>
</tr>
<tr>
<td>Head Start</td>
<td>Center-based developmental services to low-income children under age 6; primarily serves 3- and 4-year-olds. Health and screening and referral, immunizations, and nutrition are also provided.</td>
<td>Kelli is likely eligible to attend a Head Start center as long as one operates nearby and does not have a long waiting list for enrollment.</td>
</tr>
<tr>
<td>WIC</td>
<td>Nutritional supplements (food packages or vouchers) to pregnant and postpartum women, infants, and children through age 4 who are at risk of inadequate nutrition.</td>
<td>Kelli is unlikely to be eligible unless she has lead poisoning, anemia, or another health condition that puts her at high nutritional risk.</td>
</tr>
<tr>
<td>Kelli after her mother obtains a minimum-wage job</td>
<td>Health care services</td>
<td>Local health departments, community health centers, and/or hospital clinics may be available to provide preventive and primary care for Medicaid beneficiaries and persons without insurance.</td>
</tr>
<tr>
<td>Head Start</td>
<td>Same as above.</td>
<td>A significant increase in her mother’s income may make Kelli ineligible for program services.</td>
</tr>
<tr>
<td>Child Care Block Grant</td>
<td>Infrastructure development to improve availability and quality of child care; some assistance for payment.</td>
<td>Kelli’s mother is probably eligible for help in finding and paying for child care. This care will need to be coordinated with Head Start services in terms of hours and transportation.</td>
</tr>
<tr>
<td>Earned Income Tax Credit (EITC)</td>
<td>&quot;Refundable&quot; tax credit to subsidize earnings of low-income families.</td>
<td>Kelli’s mother may receive between $1,000 and $2,000 additional income through this program.</td>
</tr>
</tbody>
</table>
### Table 6.3 How Age Impacts Service Eligibility: The Story of Naomi

<table>
<thead>
<tr>
<th>Program or Service</th>
<th>Program Orientation/Function</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Block Grant</td>
<td>Child Care Block Grant</td>
<td>-</td>
</tr>
<tr>
<td>Special Health Care Needs (CHCN)</td>
<td>Child Care Block Grant</td>
<td>-</td>
</tr>
<tr>
<td>Developmental/Early Intervention Services (center-based services)</td>
<td>Child Care Block Grant</td>
<td>-</td>
</tr>
<tr>
<td>Infrastructure and Early Intervention Services (home-based services)</td>
<td>Child Care Block Grant</td>
<td>-</td>
</tr>
<tr>
<td>Medical Services</td>
<td>Medical services</td>
<td>-</td>
</tr>
<tr>
<td>Private physician care</td>
<td>Medical services</td>
<td>-</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Medical services</td>
<td>-</td>
</tr>
</tbody>
</table>

#### The Story of Naomi: How Age Impacts Service Eligibility

Naomi is 2 years old. Her family receives Child Care Block Grant, Special Health Care Needs (CHCN), Developmental/Early Intervention Services (center-based services), and Infrastructure and Early Intervention Services (home-based services). She is enrolled in a private physician care and is eligible for Medicaid.

Because this is a block grant, not an entitlement program, medical and financial eligibility are defined in her state of residence. Naomi's family meets state's criteria for enrollment. Federal/state funds are capped. Medicaid's federal/state funds are not covered under parent health plan.

The table of numbers shows the percentage of children with disabilities who have access to medical care for Naomi. The data are broken down by age, and the table shows that as Naomi grows older, her access to medical care increases.

The health and social support services available to Kelli and her mother include:

- Child care services
- Health care services
- Social services

Kelli's health care may be eligible for additional support through Medicaid, but specialty care may only be available through private insurance. Kelli's health care may be eligible for additional support through Medicaid, but specialty care may only be available through private insurance. Kelli's health care may be eligible for additional support through Medicaid, but specialty care may only be available through private insurance.
The Story of Peter: How Living Situation Affects Receipt of Services

Peter is 16 years old and has a history of alcohol and substance abuse. He runs away from home and stays with his aunt. But now he is considered dropping out of school and has no stable place to live. Peter is also considered to have poor school performance and is at risk. Peter's health status in his community is poor, and he experiences stress and depression. Peter does not know his parents and has no contact with them.

Peter is now eligible by virtue of SSI eligibility. Comprehensive EPSDT no longer applies. Peter is 16 years old and has a history of alcohol and substance abuse.
<table>
<thead>
<tr>
<th>Program or service</th>
<th>Program/service orientation or function</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter living at home</td>
<td>Physician care</td>
<td>Medical services.</td>
</tr>
<tr>
<td>Medical Assistance</td>
<td>Payment for medical care for very low-income individuals/families and those with disabilities.</td>
<td>Peter is not eligible because of family income. In most cases, an adolescent must become a ward of the state (through the child welfare or juvenile justice system) before he/she becomes eligible for Medical Assistance.</td>
</tr>
<tr>
<td>Substance Abuse Prevention and Treatment Block Grant</td>
<td>Prevention, treatment, and rehabilitation activities related to alcohol and other drugs, including inpatient and outpatient alcohol and drug detoxification and counseling.</td>
<td>The availability of services depends on the locality and the priorities of state planners. Peter is unlikely to know whether these services are available in his community unless he actively seeks assistance.</td>
</tr>
<tr>
<td>Child Welfare Services</td>
<td>Services for abused, neglected, homeless, and troubled youth under age 21 and their families, including preventive interventions to keep children in their homes, family reunification, and alternative placements.</td>
<td>These services are administered by states and counties and have no income requirements. Peter's ability to access these services depends on his knowledge of their availability and his willingness to report the abuse he experiences at home and on the level of services in each area.</td>
</tr>
<tr>
<td>Peter living on the streets</td>
<td>Child and Adolescent (Mental Health) Service System Program</td>
<td>Services for children and youth aged 0–22 years who are at risk for mental health and emotional or behavioral disorders.</td>
</tr>
<tr>
<td>Runaway and Homeless Youth Program, Basic Centers</td>
<td>Short-term emergency shelter, counseling, family reunification, direct outreach, and linkages with community agencies that provide other support services.</td>
<td>Peter's access to basic centers depends on his knowledge of their existence and whether one exists in the community to which he has run away. The total number of basic centers in 1995 was 366.</td>
</tr>
<tr>
<td>Transitional Living Program for Runaway and Homeless Youth</td>
<td>Mental and physical health care, housing assistance, job placement services, and educational and career training for youth aged 16-21 years who cannot be reunited with their families.</td>
<td>Peter's access to transitional living services depends on his knowledge of their existence and whether one exists in the community to which he has run away. The total number of programs in 1995 was about 75.</td>
</tr>
<tr>
<td>Health care services</td>
<td>Local health departments, community health centers, homeless centers, or organizations receiving other public or private funds.</td>
<td>Unless Peter becomes Medicaid-eligible, his care will likely be provided without payment. Providers are reimbursed for services to non-paying patients through categorical grants, private donations, and other unstable sources.</td>
</tr>
</tbody>
</table>

*The process of becoming a ward of the state varies by state. Typically, there must be either voluntary placement by the parents or substantiated abuse or neglect that results in court-ordered placement in the child welfare system. Once a child or adolescent is in the child welfare system, most states will provide Medical Assistance, regardless of the family’s income.*
Organizing Care for Children and Adolescents in Ways That Make Sense—Building the Foundation for the Twenty-First Century

(Overleaf, 1996)

Section 6 of child and adolescent health needs appears many times in the national and state plans and priorities of the health care system. The national agenda for action is that children and adolescents have access to preventive and curative services that meet their needs. This section emphasizes the importance of integrating health care and mental health care services, ensuring that children and adolescents have access to preventive and curative services that meet their needs. This section also highlights the need for comprehensive health care services that address the physical, mental, and social well-being of children and adolescents.

Comprehensive health care services are developed in partnership with community health service providers, local and state health departments, and other organizations. This partnership is essential to ensure that children and adolescents receive the care they need and that the care they receive is coordinated and comprehensive.

The section also emphasizes the importance of ensuring that children and adolescents have access to quality care and that the care they receive is culturally competent. This includes ensuring that children and adolescents from diverse backgrounds receive care that is culturally appropriate and that the care they receive is coordinated with other services that support their overall well-being.

The section also highlights the need for policies and systems that support the integration of health care services and that ensure that children and adolescents receive care that is coordinated and comprehensive. This includes policies and systems that ensure that children and adolescents receive care that is culturally competent and that the care they receive is coordinated with other services that support their overall well-being.

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Second, responsibilities for preventive services must be shared responsibly among clinical providers and public health agencies. Preventive services are critical to health promotion, disease prevention, and health care delivery. They include vaccination programs, which are essential for protecting children and adults against preventable diseases. Preventive services also include health education and counseling, which help individuals make healthy choices that reduce the risk of chronic diseases.

Preventive services are provided by health care providers in health care settings, such as clinics, hospitals, and schools. These services can include screenings for conditions like diabetes, high blood pressure, and cancer, as well as immunizations and counseling for tobacco use, alcohol use, and other risky behaviors.

Preventive services also include public health initiatives, such as childhood immunizations, tobacco control programs, and programs to prevent sexually transmitted infections. These initiatives are often implemented at the community level, with the goal of improving health outcomes for all residents.

Preventive services are funded through a variety of sources, including state and federal programs, private insurance, and philanthropic donations. The cost of providing preventive services can be significant, but the benefits are clear: by addressing health risks early, we can prevent the development of chronic diseases and reduce the overall cost of health care.

Preventive services are an integral part of a comprehensive approach to health care that includes both health promotion and disease prevention. By working together, health care providers and public health agencies can help ensure that everyone has access to the preventive services they need to stay healthy and avoid illness.