

American College of Mental Health Administration



ACMHA ARM CHAIR REFLECTIONS

Re-invigorating the Children's Mental Health Movement, The Next Generation of Reforms

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Under the auspices the 24th Annual Rosalynn Carter Symposium on Mental Health Policy, Mrs. Carter released *Unclaimed Children Revisited: The Status of Children's Mental Health Policy in the United States* in November, 2008. The report highlights the progress states have made in over twenty-five years since Jane Knitzer published *Unclaimed Children: the Failure of Public Responsibility to Children in Need of Mental Health Services* in 1982. Today, the United States is poised with the release of this report to take another step to advance the next generation of an improved children's mental health service delivery system crafted through federal legislation and guided by a framework that supports emerging knowledge and a public health approach. ACMHA member Janice Cooper and Jane Knitzer, authors of the report, provide an overview of the report and recommends a role for ACMHA in pushing policy action.

In 1982 a report from the Children's Defense Fund authored by Jane Knitzer called attention to: the lack of services and supports for America's children and youth with severe mental health conditions; over reliance on inpatient and residential treatment; poor community-based services; and the appalling practice of custody relinquishment in exchange for mental health services. Knitzer concluded that public systems had completely abrogated their responsibility for children with severe emotional disorders. What followed was a rallying cry to fix a system in shambles. A system of care movement ensued. Today, over 25 years later, an explosion of knowledge on the root causes of mental health conditions and on effective strategies designed to prevent, intervene early and treat conditions compel us to evaluate how this new knowledge has impacted policy and practice.

Cooper and her colleagues at the National Center for Children in Poverty had six basic aims in undertaking a national study of children's mental health policy. They sought to understand how states were improving access to prevention, early intervention and treatment across the age span for children and youth; how states were infusing effective practices into service delivery; how states were implementing intentional strategies to improve services that were responsive to family and youth and culturally and linguistically competent; and, whether and how states were spending smarter and more cost-effectively thorough infrastructure supports and accountability measures. They also had two other purposes. These include: to use the report's findings in two ways, to seed a national conversation on the next generation of a children's mental health system, and to strengthen a federal framework that implements a public health approach to children's mental health policy.

Unclaimed Children Revisited is a national study of state children's mental health directors. It also includes four sub-studies, one in California involving 11 counties, one in Michigan of six

community behavioral health authorities, a study of cultural and linguistic competence where 81 respondents from 39 states participated and a survey of 19 affiliates of Mental Health America, a national mental health advocacy organization. Through these studies investigators sought to answer a set of questions ranging from how well children and youth with mental health conditions were being served to what policy barriers and opportunities did states face in trying to improve their service systems for children and youth with mental health conditions, those at-risk and their families.

States Struggle to Meet the Needs of Children and Youth with Mental Health Conditions

Most states reported that there are groups of children and youth that they serve well (N=41) but there were 12 states that said there were no groups of children and youth that they served well. Nearly all states (90%) reported that there were groups of children and youth that they struggled to serve appropriately. Among the groups most commonly identified were children and youth with co-occurring mental health and substance use conditions. In addition, no states identified children and youth at-risk for mental health conditions as a group that they either served well or struggle to serve indicating perhaps that these children and youth are not part of the group that children's mental health directors see as their priority or responsibility.

Despite Slow Progress, States Are Taking Steps to Move toward a Public Health Approach to Children's Mental Health

Thirty-nine states reported that they have taken specific steps to balance treatment services with prevention and early intervention services but states varied in their interpretation on balancing the service continuum. Their responses ranged from a narrowly focused framework focused solely on children with serious emotional disturbances (SED) to a broad view that encompassed all children. Data from state mental health advocates on whether the state had taken steps to balance the treatment approach varied. Sixty-three percent of state mental health advocates *disagreed* with the notion that their states had taken steps to a more public-health oriented approach.

A Public Health Approach Assumes:

- *Everyone needs to be mentally healthy. Strategies to achieve this include: promoting mental health through information, education (curriculum), social skills training and screening*
- *Some children and youth may need more targeted strategies including empirically -supported group intervention and one-on-one strategies*
- *Other children and youth may need evidence-based mental health services and supports that are more intensive. These include developmentally appropriate interventions for young children, school-age children and youth and transition-age youth.*

Across the Age-Span, States are Implementing Services to Meet the Needs of Children and Youth, But Lag in a Statewide Approach

Across the age-span states were implementing mental health initiatives to meet the needs of young children, school-age children and youth and transition-age youth. Only half of the states reported that these initiatives were implemented statewide. In 44 states, the children's mental

health authority reported that they supported early childhood mental health initiatives ranging from placing early childhood mental health specialists in community mental health centers to implementing mental health consultation programs to reimbursing for tools to screen for social and emotional development. Only 15 states reported that they had partnerships with adult mental health to address the needs of the parent with mental health conditions and their children. For young children, only 8 states reporting funding for parental depression. Among the states that reported on initiatives to support school-age children, half of the states reported that they had one of more of their initiatives statewide. Forty-nine states in all reported that they had one or more initiatives to support school-aged children. These initiatives typically included support for school-based mental health services, whole school initiatives like Positive Behavioral Interventions and Supports, and targeted interventions for children and youth with SED.

Youth transitioning to adulthood represented another group of children and youth on which states reported. Despite legal prohibitions from serving young adults over age 18 reported by eight states, 44 states reported on initiatives to serve this age group. These initiatives included increasing service capacity through funding and insurance expansion to independent living, housing and other transition services.

All States Are Promoting Evidence-Based Practices, but these Often Lack a Systematic Focus

While all states reported some efforts to promote the use of evidence-based practices, only 19 states reported that they promote, support or require specific evidence-based practices statewide. A number of states and territories (N=12) reported that they have legislative or administrative mandates to implement evidence-based practices in children's mental health. States used a range of strategies to promote evidence-based practices including, fiscal incentives, technical assistance and training. While many state advocates were aware of that their states were promoting evidence-based practices (60%), fewer advocates knew about specific strategies.

Almost All States Report Efforts to Improve Family and Youth Responsiveness in Service Delivery

Nearly all states reported that they were engaged in efforts to strengthen the family and youth voice in policy. However, an overwhelming majority of the state advocates who responded to our study survey reported that they were dissatisfied with the family and youth voice in children's mental health policy. Among the efforts that 39 states reported were: inclusion in regulatory or legislative body and state policy decision-making, support of organized parent or youth advocacy at the state or service delivery level and support of different types of family and youth leadership. Forty-five states reported that they fund family advocacy organizations and 20 states reported that they funded youth advocacy organizations.

Efforts to Improve Cultural and Linguistic Competence Lack Intentionality

Twenty-seven states reported on policies that they undertook to improve the cultural and linguistic competence of services and systems for children and youth with mental health conditions. Of these, only 8 states reported that they conducted statewide assessment and strategic planning to improve the cultural and linguistic competence of the service delivery system. In only three states were a wide range of policy steps taken. These included: steps to

implement competency-based training, strategic planning and assessments, and a policy-relevant multi-cultural task force.

Policies to Undergird Strong Infrastructure and Fiscal Supports and Accountability Not Sufficiently Robust

Only 27 states reported on their children's mental health budgets. Thirteen states reported that they were unable to report on their children's mental health budget. Other states were unwilling to indicate the amount of the children's mental health budgets. States also reported on how they used Medicaid to support children's mental health. Only 19 states reported on EPSDT as a tool they used to support services despite the universal nature of EPSDT and its potential for improving early intervention. Many states reported that they did not reimburse for certain services through Medicaid such as family treatment, services to young children without a diagnosis and services in non-office-based settings.

The findings from this report suggest that the children's mental health system needs a major infusion of new energy, commitment and leadership. While most states appear to be moving in the right direction, they lack the vigor or pace necessary. The National Center for Children in Poverty has called for a new generation of children's mental health policy suited to the urgency of the need and times. Characteristics of such a system include the following:

- Flexible funding that allows rapid response to emerging knowledge about the development of mental health issues in children and research-informed practice
- Attention beyond children and youth with SED children and youth, to children and youth at risk of SED through the mental health system
- Dedicated funding for prevention and early intervention
- Increased supports for parenting and for family support services in the context of prevention, early intervention and treatment
- Implementation of core system of care values
- Incentivized systems to improve quality with specific attention to eliminating disparities based on race/ethnicity, culture, language and age
- Increased work force capacity and competence, with greater attention to cultural responsiveness
- Use of data to drive clinical and administrative decision-making
- Increased attention to functional outcomes for children
- Integrated delivery systems

To advance this agenda, NCCP's major recommendations include developing a legislative framework that:

- 1) Implements a public health approach to children's mental health
- 2) Supports a comprehensive financing strategy that builds up and sustains a public health approach using incentives tied to benchmarks and expected functional outcomes
- 3) Attends to the infrastructure-related needs in children's mental health related to workforce development, information technology, outcomes-management and fiscal accountability
- 4) Incentivizes states to improve their children's mental health systems' cultural and linguistic competence and family and youth responsiveness

What can ACMHA do?

As a leader among organizations in health care ACMHA can endorse the framework outlined here and even the recommendations of the full report which can be found on NCCP's website at www.nccp.org. The organization can also take a stance, which is in concert with its other positions, to support a public health approach to children's mental health. The time to act is now, all children and youth including those with mental health conditions need your support.