



Unclaimed Children Revisited

The Status of Children's Mental Health in the U.S.

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Who We Are

- ◆ NCCP is the nation's leading public policy center dedicated to the economic security, health, and well-being of America's low-income children and families.
- ◆ Part of Columbia University's Mailman School of Public Health, NCCP promotes family-oriented solutions at the state and national levels.
- ◆ Our ultimate goal: Improved outcomes for the next generation.



Outline

- ◆ Summary of Unclaimed Children 1982
- ◆ Unclaimed Children Revisited, 2008
 - Core Question
 - Major Findings
 - Recommendations
- ◆ Texas' Response



Unclaimed Children Revisited Team

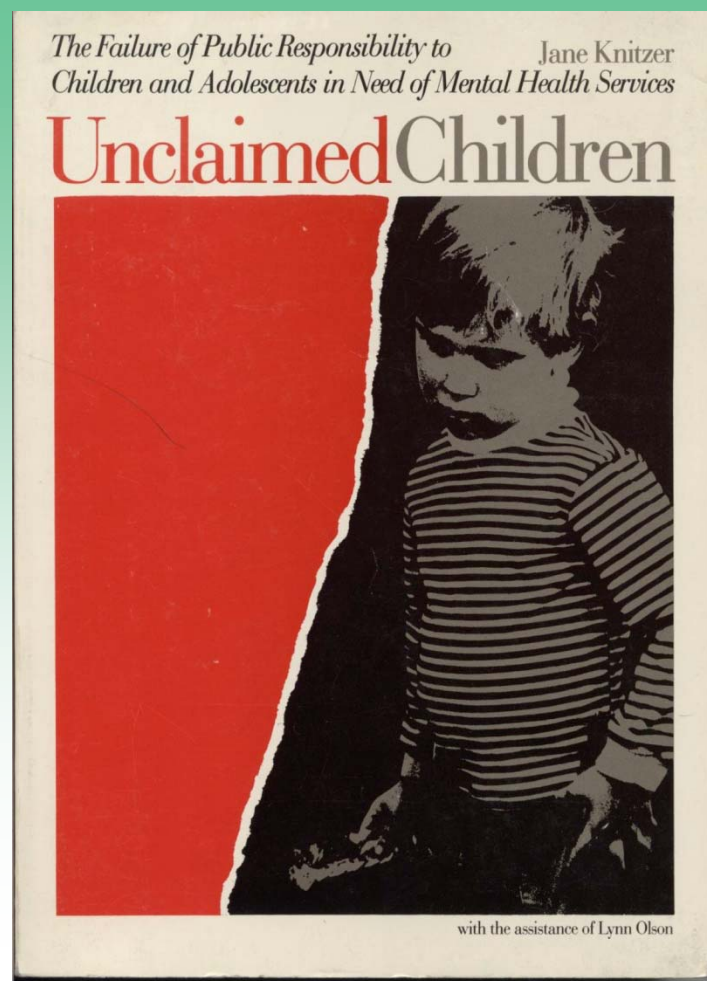
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- ◆ John D. & Catherine T. MacArthur Foundation
- ◆ Annie E. Casey Foundation
- ◆ California Endowment Foundation
- ◆ Zellerbach Family Foundation



- ◆ 1982 Jane Knitzer's seminal study, *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*
- ◆ 1990 Knitzer et al., *At the Schoolhouse Door*
- ◆ 2005 work began for *Unclaimed Children Revisited: The Status of Children's Mental Health in the United States 25 Years Later*





Setting the Context

- ◆ Since 1982, there has been an explosion of knowledge about:
 - The roots and causes of mental illness
 - Effective prevention, early intervention and treatment strategies
 - But, no major policy study to see how this new knowledge has been incorporated into service and practice
- ◆ Reports continue to document unmet need



UNCLAIMED CHILDREN REVISITED, 2008



The Overall Goals

- ◆ Help understand how states are working to:
 - Provide access to prevention, early intervention and treatment for across age span for children
 - Infuse empirically supported practice in the service delivery system
 - Implement intentional practices to improve family responsiveness and culturally and linguistic competence
 - Spend smarter and more efficiently through infrastructure, fiscal and accountability measures



The Overall Goals (con'td)

- ◆ Seed a field conversation to outline a next generation children's mental health system
- ◆ Strengthen the federal framework to move to a real public health agenda for children's mental health that encompasses both children with mental health conditions, those at risk and their families.



Unclaimed Children Revisited involves:

- ◆ National Study: State Survey of Children's MH Directors (N=53)
- ◆ 4 sub-studies
 - California Case Study (N=725)
 - Michigan Case Study (N=111)
 - Survey on Cultural and Linguistic Competence (N=81)
 - MHA Survey (N=19)



The Core Questions

- ◆ Overall, how well are states serving children and youth with mental health conditions?
- ◆ How are states moving toward a child mental health system guided by a public health approach?
- ◆ How are states addressing the age appropriate needs of children and youth?



The Core Questions (con'td)

- ◆ How are states improving systems and service delivery for children and youth with serious emotional disorders and their families?
- ◆ How are mental health practices across the age span guided by evidence of effectiveness?
- ◆ How well are states meeting the need for:
 - Family and youth responsive services?
 - Culturally and linguistically competent services?



The Core Questions (con'td)

- ◆ How do states improve service through:
 - Infrastructure related supports (e.g. IT)
 - Fiscal Policy
 - Accountability measures?
- ◆ What policy opportunities and barriers do states face as they try to improve their service systems?



The Core Findings : The Overall Picture

- ◆ States are struggling mightily to respond to the needs of children with mental health conditions.
 - 41 states reported serving some children with serious complex needs well, but 12 states said there were no children they served well.
 - No state identified children and youth at risk as the ones they served well or poorly.



The Core Findings : A Public Health Framework

- ◆ States report they are moving toward a developmentally appropriate public health framework but progress is slow.
- ◆ There is no clear shared vision from mental health directors or the field about what a public health framework means.



The Core Findings: Moving Toward a Developmental Framework

- ◆ States vary in their efforts to meet the mental health needs of children in a developmentally, age appropriate manner.
- ◆ Only seven states reported consistent support and funding for young children, school aged children and youth, that is, across the age-span.
- ◆ The initiatives states report for different ages of children are often geographically limited and NOT statewide.

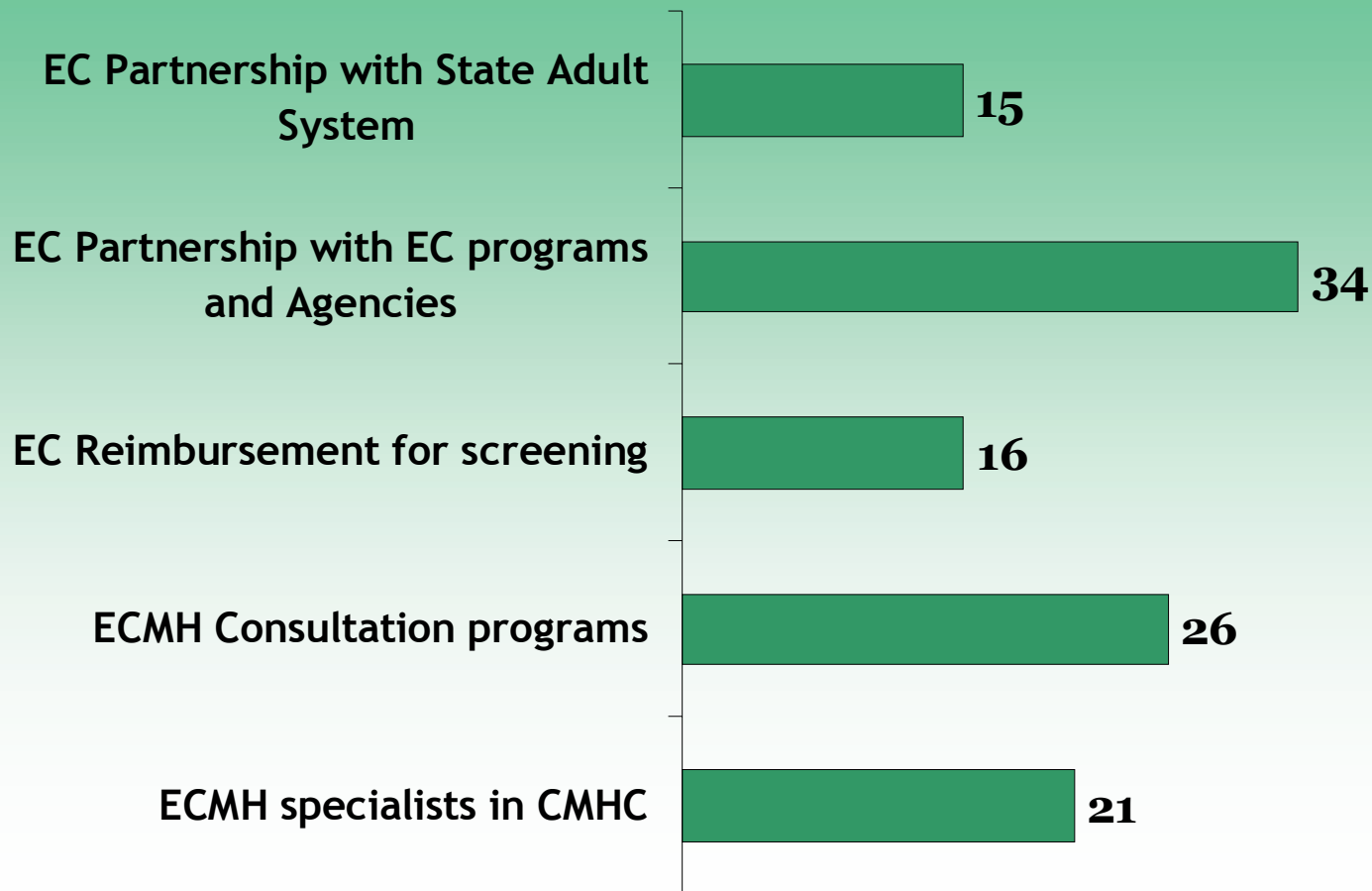


The Core Findings: Early Childhood

- ◆ 44 states reported one or more early childhood initiatives; 37 states CMHA funded early childhood mental health services directly.
- ◆ In only half of these states is at least one initiative statewide.
- ◆ Initiatives encompass early childhood specialists in CMHC's (N=21); ECE mental health consultation programs (N=26); reimbursement for social & emotional screening tools; working with adult mental health (N=15).



Type of ECMH Initiatives* CMHA funds (N=51)



*Includes infrastructure building related initiatives

Number of states reported



Types of ECMH Strategies that Texas Reported It Supported/Funded

Early Childhood MH Specialists in CMHCs	✓
Early Childhood Mental Health Consultation Programs	×
Reimbursement for Use of Social and Emotional Screening Tools	×
Partnerships with Early Childhood Programs and Agencies	✓
Partnerships with State Adult Systems to Address the needs of Children and Youth in Families with Mental Illness	×

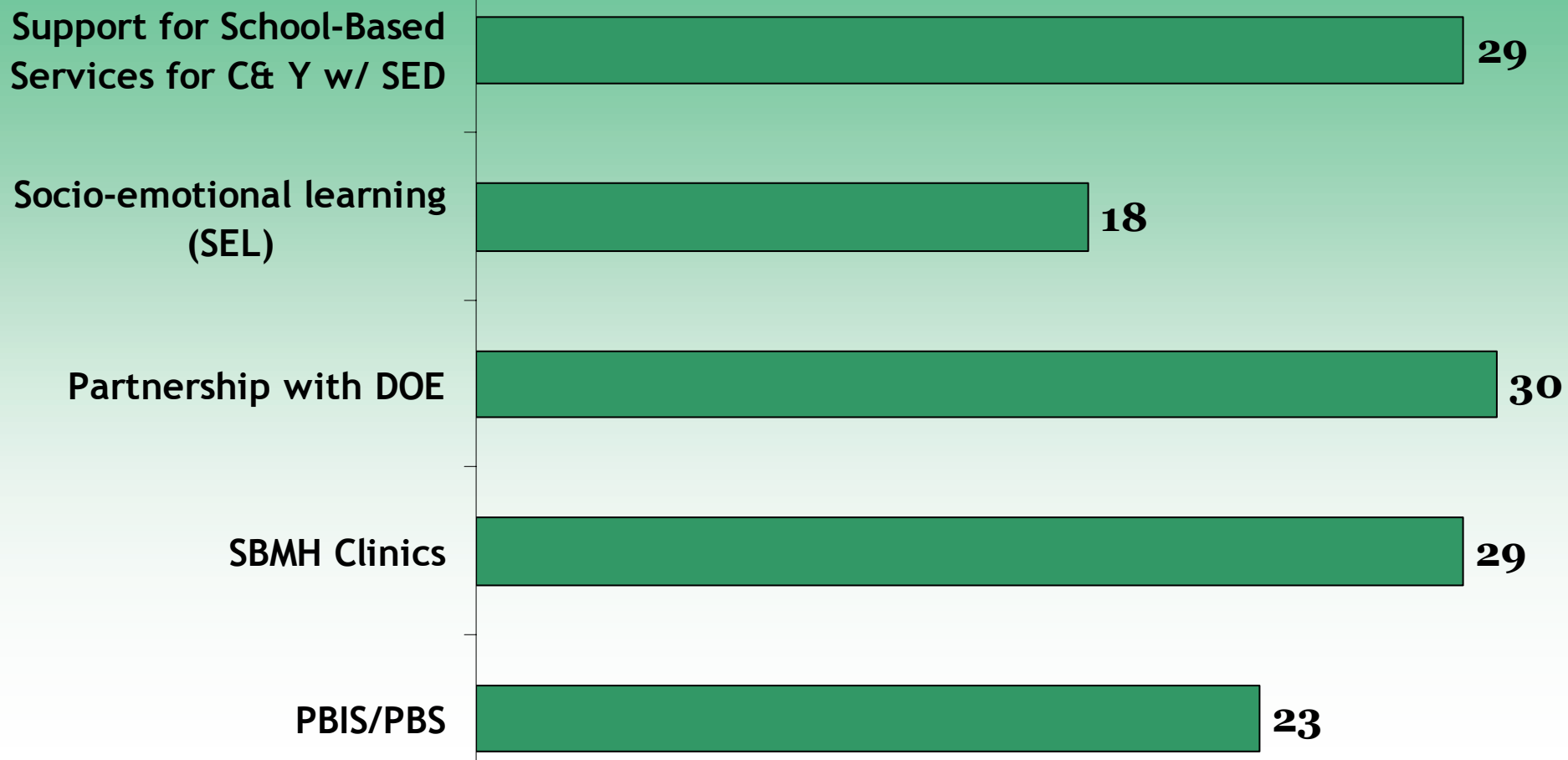


The Core Findings: School Aged

- ◆ 47 states reported one or more initiatives for school aged children and youth.
- ◆ Only half of these states have at least one initiative statewide.
- ◆ School-aged initiatives include: PBIS (N=23); school-based mental health/health clinics (N=29); partnerships with DOE (N=30); School wide efforts around social/emotional (N=18); targeted supports for youth with SED (N=29).



Types of SBMH Initiatives SMHA actively involved in supporting (N=47)



Number of states reported



Types of MH Strategies for School-age Children and Youth that Texas Reported

Positive Behavioral Interventions and Supports (PBIS)/PBS	×
School-based Mental Health Clinics/School-based Clinics	✓
Partnerships with Dept. of Educ. (DOE) and/or Dept. of Special Education with DOE	✓
School-wide Efforts that Promote Social and Emotional Learning	×
Targeted Support for School-based Services to Children & Youth with SED	✓

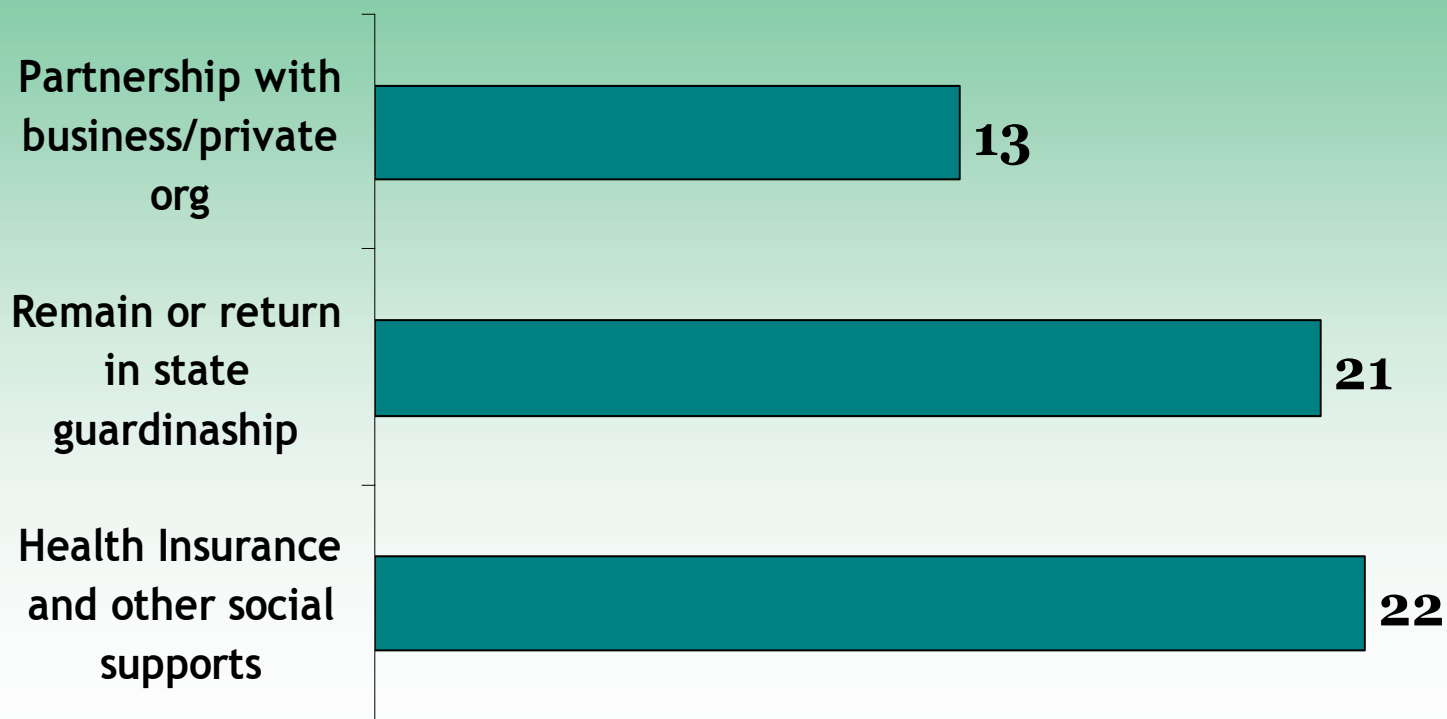


The Core Findings: Youth

- ◆ 44 states reported initiatives for youth and young adults.
- ◆ 60% of the states report one or more of these is statewide.
- ◆ Initiatives for youth include: health insurance or other social supports (N=22); state guardianship after 18 (N=21); partnerships for jobs (N=13); Work on SSI provisions that discourage work (N=0).



State's Special Initiatives for Youth Transitioning to the Adult System



Number of states reported



Nature of Texas' involvement in Support of MH for School-age Children and Youth (LGA)

Funding	✓
Shared Staffing	✓
Planning & Pgm Development	✓
Policy Development	✓
Contracting through Local Schools	×

State Initiatives Texas Reported for TAY

- Texas reported no strategies or initiatives to support Transition-age Youth



The Core Findings: Fiscal Issues

- ◆ Only 27 states reported on their children's mental health budgets, and only 11 had data across systems.
- ◆ Medicaid, through the rehab option offers opportunities, for service expansion but Medicaid also creates barriers.
 - Only 19 states reported using EPSDT for behavioral screening.
 - Only 16 states reported that they permit reimbursement for young children regardless of diagnosis.
 - 10 states restrict Medicaid reimbursement for mental health services delivered in non-office based settings (schools, child care).
 - States are using Medicaid to pay for family and youth guided services.



The Core Findings: Fiscal Issues (con'td)

- ◆ 21 states make Medicaid decisions in consultation with mental health.
- ◆ 12 states make Medicaid decisions w/o involving mental health.
- ◆ Only 4 states reported mental health makes Medicaid decisions.

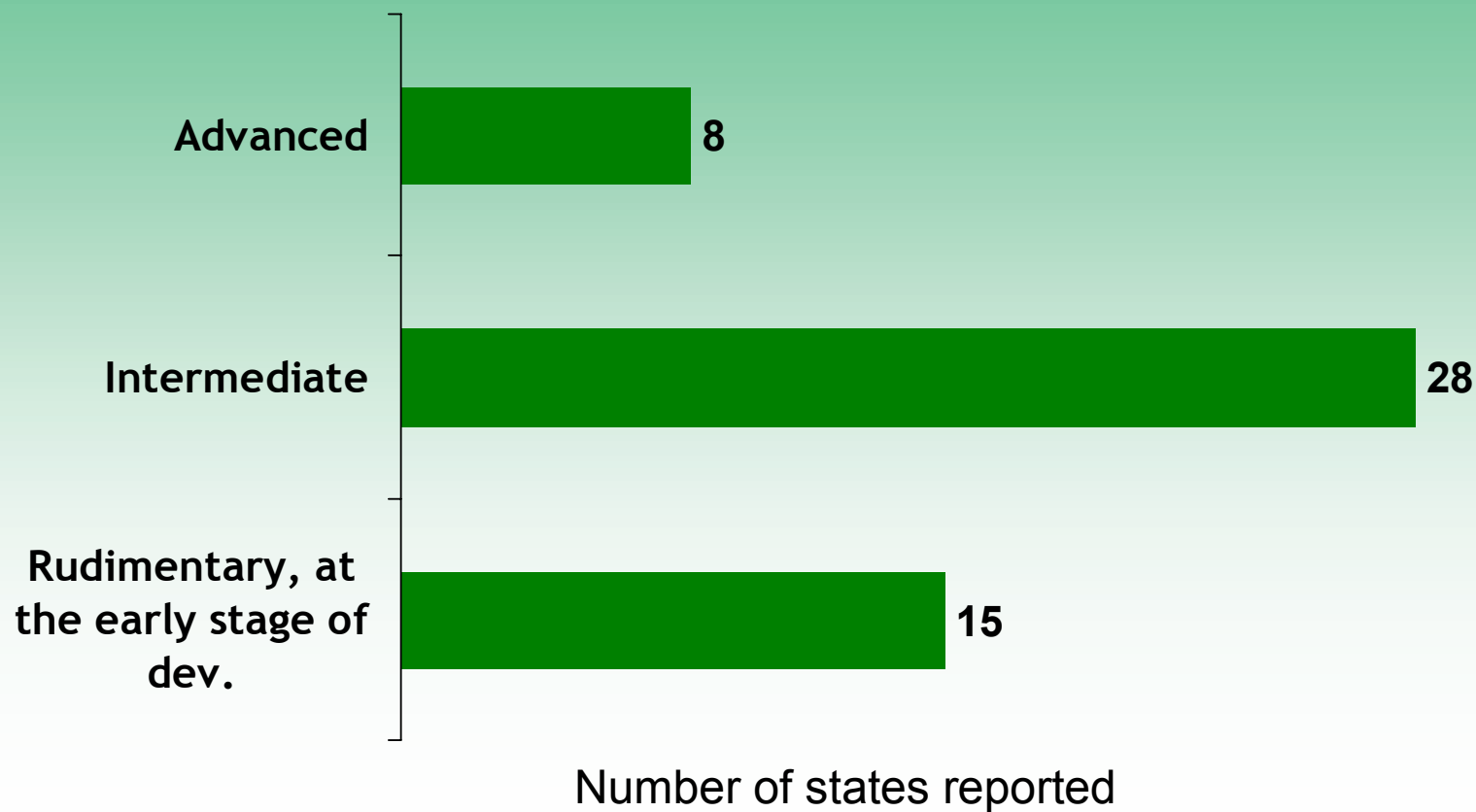


The Core Findings: Infrastructure and Accountability

- ◆ States have mixed records in efforts to improve service delivery through infrastructure related supports and accountability supports.
 - Only two states report an advanced infrastructure to support data driven service delivery
 - Attention to outcome driven practice is limited, and described by 14 states as rudimentary
 - 41 states report they share data for community planning, but in 10 states the mental health advocates disagree.



State of Development in Outcomes-focused Decision-making





States Reported Special Initiatives in Outcomes Management

Focus of Initiatives	Number of States
Electronic Records	26
Improved administrative data/outcomes management	45
Improved automated data information systems for clinical decision-making in children's mental health	31
System-wide outcomes and indicators	41
Cross-system outcomes and indicators	28
Access to state data and analysis for community planning	41



Specific Initiatives Texas Reported Related to Outcomes and Accountability

Electronic Records	✓
Improved Administrative Data and or Outcome Management	✓
Improved Automated Data Information Systems for Clinical Decision-making	✓
System-wide Outcomes and Indicators	×
Cross-system Outcomes and Indicators	✓
Access to State Data and Data Analysis for Community-based Planning	×

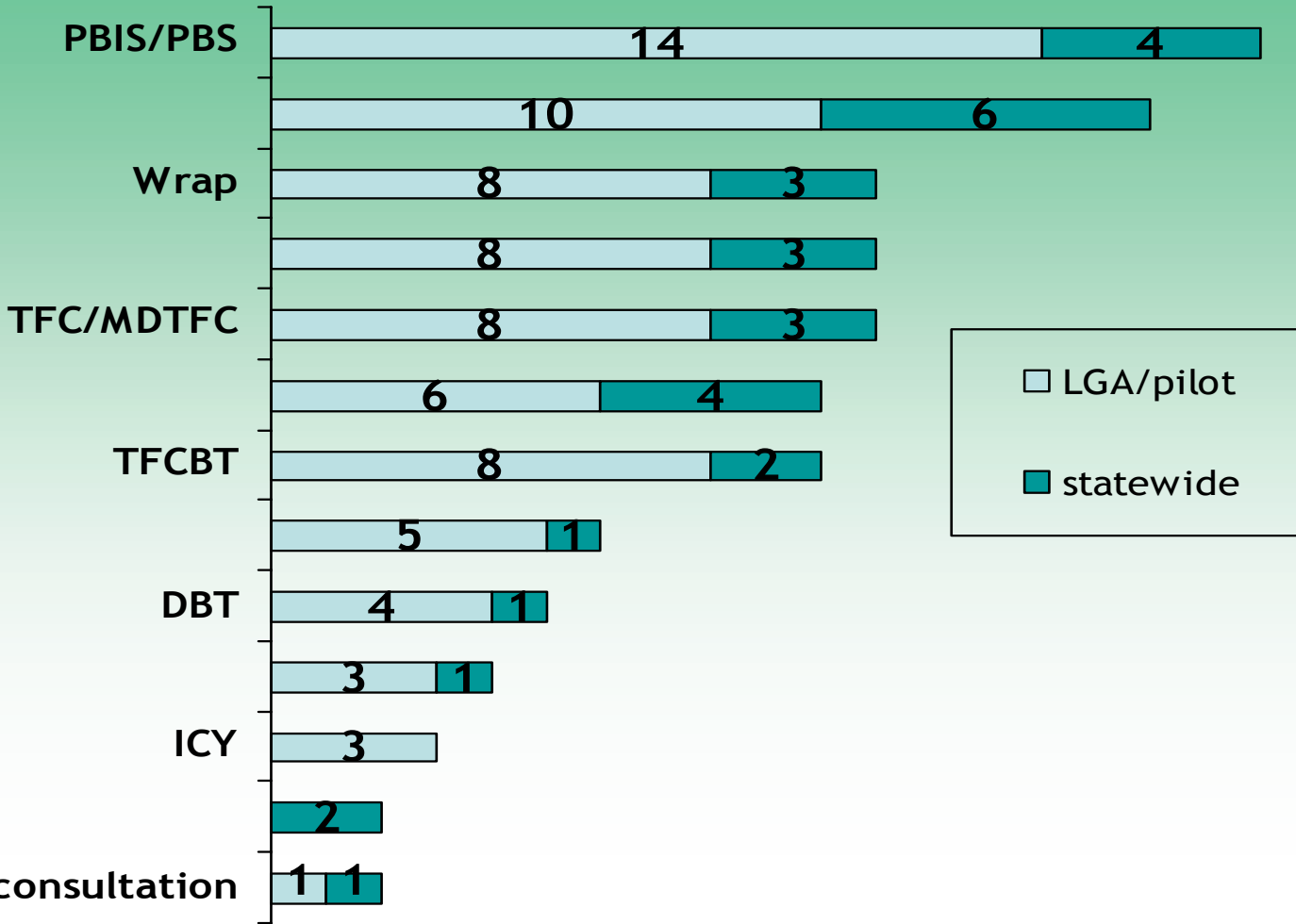


Evidence-based Practices

- ◆ 50 states report that they promote, support or require the use of EBPs
- ◆ 19 states have at least one EBP that they promote, support or require statewide
- ◆ 12 states reported legislative or administrative mandates to implement EBPs
- ◆ 60% of state mh advocates report knowledge of their states' efforts to promote EBPs



Most frequently reported EBPs the states promote or require (N=46)



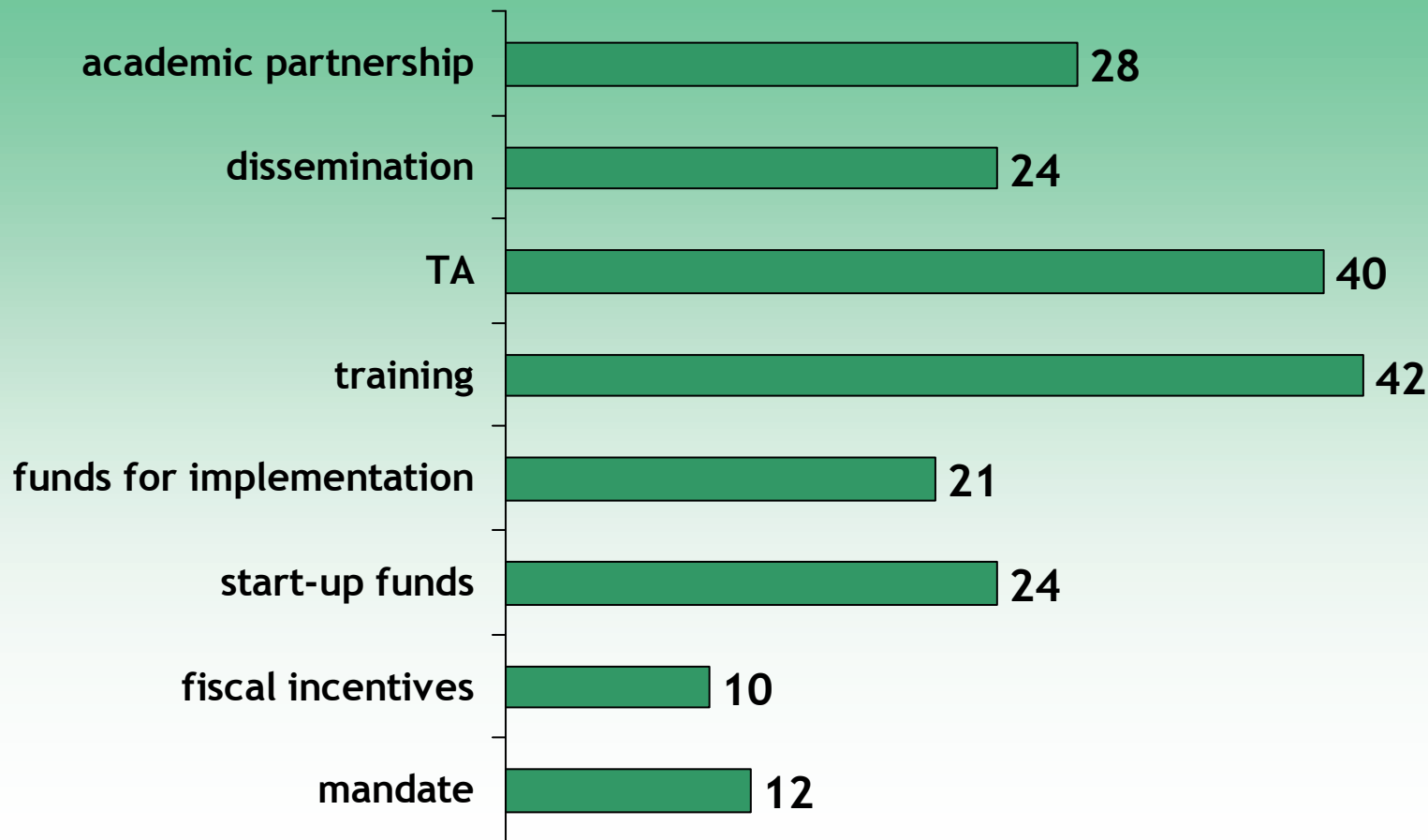


Evidence-based Practices that Texas Reported it Promotes, Supports or Requires

- ◆ Behavioral Management (S)
- ◆ Cognitive Behavioral Therapy (S)
- ◆ Pharmacological Mgt (S)
- ◆ MST (LGA)
- ◆ Promising/Best Practices: Wraparound planning (S); Child and Family Psycho-education (S); Family Partner/Mentor (S)



Types of strategies states use to promote EBPs





Types of strategies Texas reported it uses to promote EBPs

Legislative or Administrative Mandate	✓
Fiscal Incentives (eg. higher reimbursement rates)	×
Funds for Associated Start-up Costs	✓
Funds for Implementation	×
Umbrella mechanism for Bulk Purchasing	×
Training for Providers	✓
Technical Assistance	✓
State dissemination infrastructure	×
Academic Partnerships	×



States' Progress on Intentional Policy Steps to Increase CLC

- ◆ Needs Assessments and Strategic Planning
- ◆ Competency-based CLC training
- ◆ Infrastructure support including designated individual to manage CLC policies/activities
- ◆ Stakeholder involvement in policymaking and planning



Results from UCR: CLC Survey



The Core Findings: Culturally and Linguistically Responsive Services

- ◆ 27 states reported on policies that support culturally and linguistically-competent services and systems.
- ◆ 10 states have statewide strategic plans to assess and improve CLC services.
- ◆ Only 5 states reported a range of intentional steps.



Needs Assessment and Strategic Planning

Assessment

- 9 states report they regularly assess level of CLC of service system
- 7 states focus on disparities in access or treatment
- 2 states focus on outcomes
- 1 state focuses on workforce
- 1 states focuses on disproportionally in non-cb settings

Strategic Plans

- 10 states report they had a CLC strategic plan
- 5 states report up-to-date plans
- 2 states report CLC plan embedded in state mh plan
- 3 states report benchmarks in CLC plan and process



Competency-based CLC Training

- 22 states provider training in CLC
- 15 states report these as yearly or ad-hoc
- 7 states report in-depth, competency-based CLC training
 - AZ, CA, CO, DC, IN, MA, OR, SC, UT
- 1 state competency-based CLC training leading to certification
 - CO

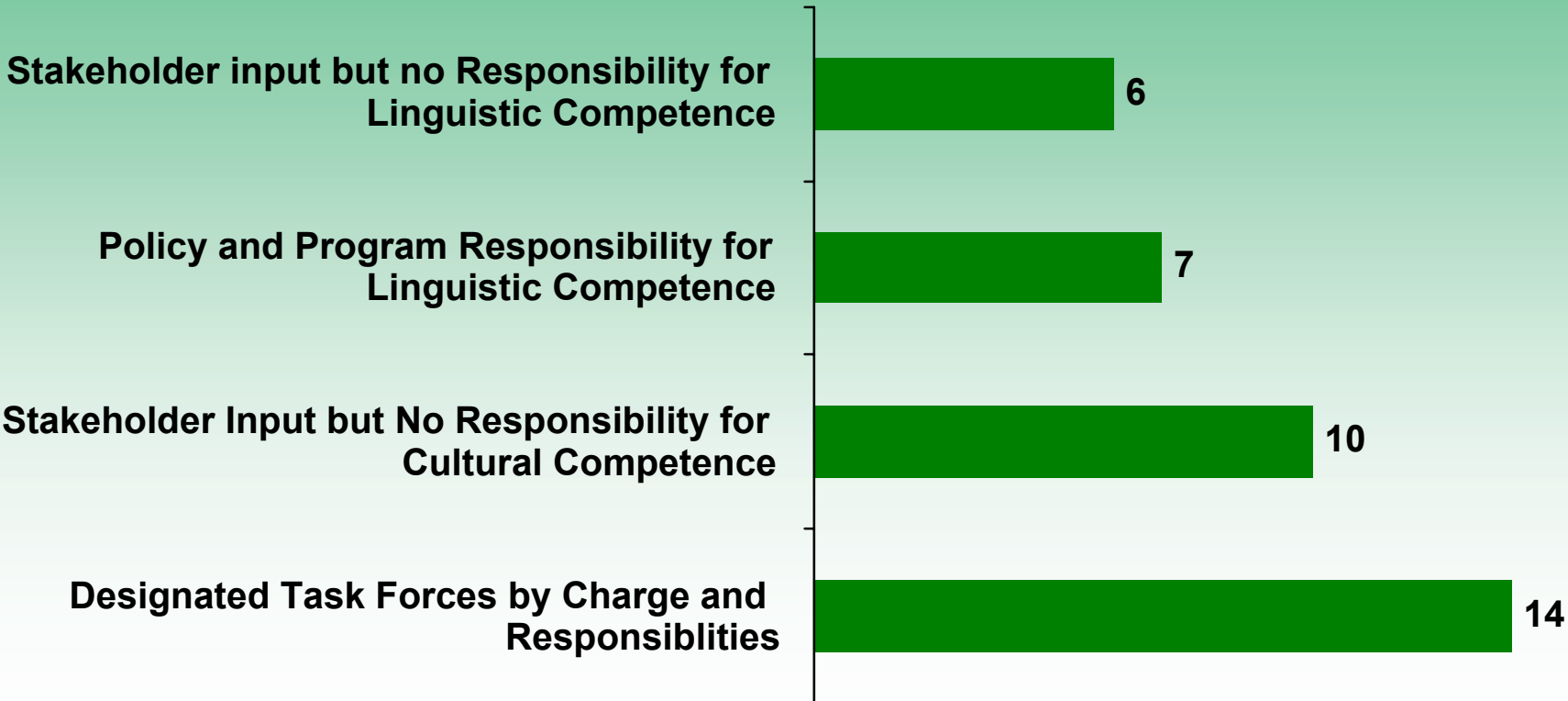


Designated CLC Coordinator

- 17 states reported on designated CLC coordinator
- 14 states indicated level of positions
 - 3 senior mgt - direct report to Commissioner Level
 - 3 mid-level professional
 - 8 supervisory authority
 - 1 budget decision-making authority
- 14 states report CLC coordinator involved in policymaking



Number of States with Designated Task Forces by Charge and Responsibilities: State Multicultural Task Force has:





Texas' Responses CLC Infrastructure-related Supports and Policies

Designated CLC Director	Missing
Designated Taskforce/Body	Missing
Training for Providers in CLC	Missing
Statewide Assessment	Missing
CLC Strategic Plan	Missing
Designated CLC Coordinator	×



Moving A Responsive Legislative Agenda

- ◆ Put into law a public health approach to child and youth mental health
- ◆ Establish a prevention set-aside in the mental health block grant and other mental health funding
- ◆ Require collaboration among CMH, CW, SUD, JJ and ED authorities including comprehensive strategy to address shared outcomes



- Make age-appropriate and developmentally appropriate services a priority
- Provide fiscal and other programmatic incentives for statewide approaches to services and supports
- Infuse funding to develop competencies in mental health and child development across child serving agencies and professions
- Eliminate federal prohibitions against Medicaid support for youth in juvenile justice facilities
- Ensure children's mental health part of the information technology plans



- ◆ Craft a federal legislative framework that supports emerging knowledge and best practice rather than undermining it.
- ◆ Ensure that the Centers for Medicare and Medicaid develop a comprehensive strategy to support prevention, early intervention and treatment for young children and children and youth at risk of more serious conditions.
- ◆ Require accountability from state systems to track and report:
 - Outcomes
 - Racial/ethnic disparities
 - Children's mental health budgets



RESPONSES FROM:
TEXAS

TEXAS PROFILE

State Mandate to Serve	✓	Limitation to Serve SED	✓
Major Legis. Guides Reform	✓	2003. Leg. Reorg. Agencies; Fred v. Hawkins, Alberto v. Hawkins	
Specific Steps to PH Framework	~	Exploring through MH Transf. grant	
Infrastructural Support: IT	IM	Clinical records automated; some IS & tech. use to supports systems plng; mgt; and eval.	
Infrastructural Support: EBP	✓	Beh. Mgt.(S);CBT(S);Pharm. Mgt (S); MST ((LGA);Wrap (S);C&F psycho-edu (S); family partner/mentor (S)	
Infrastructural Support: A/C	IM	State collects, analyzes &uses demog., serv.util. & funct. outcomes data for planning, CQI & to determine systems outcomes	
State Efforts to Strengthen Family/Youth Voice in Policy	✓	Range of state level groups where families rep. listed	
Organizations State Supports		MHA, Texas MH Authority	
Incorporated SOC Values	✓	Wrap for CM, peer mentors req. providers; state funding SOC; flex \$\$	

TEXAS PROFILE

Fiscal Overview: State Budget	✓	Innovative Fiscal Strategies	Miss
Reimb for mh consultation 0-5	×	Reimb Families Medicaid	×
Reimb Family therapy 0-5	✓	Reimb Families State	some
Family support (incl.respite)	✓	Reimb Youth Medicaid	×
Medicaid funding: Schools	✓	Reimb Youth State	×
Parks	✓	Critical Policy challenges: \$\$ integration a/c systems; \$\$ severe MH in comm; align. \$\$ for Prev. & EI	
Child Care	✓		
JJ	×	Opportunities for Reform: •Develop infra workforce training •Flex \$\$ a/c agencies •System reform to increase family & youth engagement	
CLC:	Missing		



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