

Unclaimed Children Revisited: *The Status of Children's Mental Health Policy in the United States*

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RECOMMENDATIONS

- Congress and the Executive branch should codify into law a public health approach to children's mental health services.
- Make an age- and developmentally-appropriate approach to serving children and youth with or at risk for mental health problems, and their families, a priority.
- Implement a comprehensive plan that finances the delivery of empirically-supported practices through payment structures like Medicaid, private insurance, grants, and incentives.
- Take action to reduce disparities in access to mental health services and mental health outcomes based on race/ethnicity and limited English proficiency.
- Address the poor information systems' capacity of children's mental health delivery systems and stimulate strategic planning and development.
- Develop and implement a comprehensive financing strategy that supports a public health focus to mental health.
- Require an outcomes-focused approach to service delivery in children's mental health.
- Recommendations for states, territories, and District of Columbia

FEDERAL RECOMMENDATIONS

- A. Congress and the Executive branch should codify into law a public health approach to children's mental health services. Specifically:
1. Provide a legislative framework for incentives and support for states to implement a public health approach for mental health for all children and youth. These incentives and supports can take the form of special grants, a set-aside in current funding streams, and technical assistance;
 2. Establish a prevention funding set-aside as part of the mental health block grant mirroring a practice in substance abuse funding and provide training, guidance, and technical assistance to states to implement a public health framework; and
 3. Create through legislative authority a requirement for state child mental health authorities, child welfare authorities, and state juvenile courts to work collaboratively with the

Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Children and Families, the Department of Justice, and the Department of Education to develop a comprehensive strategy to address the mental health needs of children, youth, and their families in these systems, with the view to providing increased access to mental health promotion, prevention and treatment interventions.

B. Make an age- and developmentally-appropriate approach to serving children and youth with or at risk for mental health problems, and their families, a priority. Specifically:

1. Provide incentives for statewide approaches to improving age-appropriate services;
2. Support states and professional organizations to improve the competencies of all providers (including teachers) who work with children and youth with mental health conditions and those at risk for mental health conditions so they are prepared to meet the needs of children in an age-appropriate manner.

In addition, for young children:

3. Direct the Centers for Medicare and Medicaid Services (CMS) to develop a comprehensive strategy to support the provision of prevention, early intervention, and treatment services for young children.

For school-age children and youth:

4. Direct the Department of Education and SAMHSA, in conjunction with CMS where applicable, to develop a comprehensive strategy to support the provision of prevention, early intervention, and treatment services for school-age children.

For youth transitioning to adulthood:

5. Remove federal prohibitions that govern federal funding of services to youth in juvenile justice.
6. Make available, at the state option, enhanced federal Medicaid participation rates for all youth with mental health system involvement up to age 25.

C. Implement a comprehensive plan that finances the delivery of empirically-supported practices through payment structures like Medicaid, private insurance, grants, and incentives. Specifically:

1. Contribute to the financing of more widespread adoption of evidence-based practices in states.

In conjunction with states:

2. Systematically track the use of and outcomes associated with the implementation of evidence-based practice;
3. Create initiatives that educate youth service users and their family members on evidence-based practices.

D. Take action to reduce disparities in access to mental health services and mental health outcomes based on race/ethnicity and limited English proficiency. Specifically:

1. Require states to report on their efforts to address disparities in access and outcomes for children and youth from diverse racial, ethnic, and linguistic backgrounds; and
2. Annually report on a state-by-state basis efforts to address disparities through the use of nationally established benchmarks.

- E. Address the poor information systems capacity of children’s mental health delivery systems and stimulate strategic planning and development. Specifically:**
1. Assess the status of children’s mental health information technology infrastructure.
 2. Include children as a priority for the national health information technology implementation plan and tap into its capital resources to upgrade these systems.
- F. Develop and implement a comprehensive financing strategy that supports a public health focus to mental health. Specifically:**
1. Require child mental health care content expertise in the development of state Medicaid plans and Medicaid policy decision-making;
 2. Provide incentives for states to use Medicaid innovatively, such as to support mental health consultation or services in a range of non-office based settings;
 3. Reward states that are using Medicaid and state funding creatively to improve service delivery and tie these rewards to improved outcomes;
 4. Identify a set of individual and system-related outcomes for children and youth with mental health conditions and link these to publicly financed public health strategies;
 5. Reject federal changes to the rehabilitation option that undermine services in child care, schools, and other settings that children, youth, and their families frequent;
 6. Require CMS to ensure that all states maximize the impact of EPSDT on children’s mental health services; and
 7. Report on benchmarks for behavioral health screenings and services funded by EPSDT , and establish specific targets for meeting the 80% participation threshold.
- G. Require an outcomes-focused approach to service delivery in children’s mental health. Specifically:**
1. Provide incentives and support for states to move toward more outcomes-focused management; and
 2. Help states link mental health policy and clinical decision-making initiatives.

STATE RECOMMENDATIONS

- A. Support strategic planning to address unmet need in public mental health systems. Specifically,**
1. Document periodically — and make publicly available estimates of unmet needs across age groups and states' plans to address these needs.
- B. Address racial and ethnic disparities in access to mental health services and in mental health outcomes by:**
1. Annually reporting on a county-by-county basis efforts to address disparities through the use of nationally-established benchmarks; and
 2. Assessing their state children's mental health system's level of cultural and linguistic competence, develop a strategic plan, and publish regular updates of their progress.
- C. Create mechanisms to sustain family and youth involvement in practice and policy by:**
1. Implementing strategies to support family and youth in professional roles using Medicaid; and
 2. Providing long-term funding for family and youth advocacy and support.
- D. Attend to the urgent need for updated information systems by:**
1. Ensuring that as states develop information systems for other sectors of their child delivery systems they upgrade the child mental health infrastructure for maximum interoperability across child serving systems.
- E. Address poor fiscal accountability by:**
1. Annually and publicly reporting states' children's mental health budgets; and
 2. Documenting how states use EPSDT for children and youth with mental health needs and those at risk.