



NCCP National Center for
Children in Poverty

Columbia University
MAILMAN SCHOOL OF PUBLIC HEALTH



Children in Need of Mental Health Services: Looking Backward, Looking Forward

Jane Knitzer Ed.D

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A Look Backward: 1982

- Too many children were un or underserved
 - Estimated that 2/3 who needed services did not get
 - Non-mental systems responsible for most children in need of services (special ed, cw, jj and not mh)
- Families struggled greatly
 - Little help finding services; no respite, had to give up custody, few parent support groups
- Very few intensive community-based services

1982: Public Agencies

- Mental Health Agencies
 - Only 21 states had a dedicated children’s mental health official; few could track budgets
 - “Only 7 states taken any steps to create a “system of care” including a full range of mental health services delivered in a coordinated fashion”
 - “[W]oeefully” few states targeted resources to infants, toddlers and young children
- Other state agencies: Mandates ignored, confused, non-existent
- Federal Role “A shadowy presence”

Current Realities

- Too many children STILL un or underserved
- New knowledge about effective treatments and approaches
- Families still struggle, but better. Still no respite care; still custody relinquishment.
- Still too few quality c-b services, limited or no crisis intervention, some communities need FOR hospitalization
- New issues emerging co-morbidities among youth; parents of young children (need for family mental health; immigrant children

Current Realities (cont)

- NFC: “no one agency or system is clearly responsible or accountable...”
 - Public mental health system serves the least number of children in need of mental health services
 - High levels of unmet need in child welfare system, in juvenile justice system (jails)
- Largest numbers of children who get mental health services get them in schools
- Although many adolescents have both substance abuse and mental health problems, the capacity to meet both sets of needs is severely limited.
- Problems start early. Young children are being kicked out of child care settings, but cannot get help.

New Freedom Commission Report

- Bi-partisan commission
- Calls for public health, mental health paradigm, focused on prevention, early intervention and intensive treatment for the most troubled.
- (Subcommittee report not yet released)

Framing the Policy Challenges

How to

- **Implement a public health, front-end model**
- **Integrate trauma-informed practice into the usual and customary model for children and adolescents**
- **Address two generational risk factors**
- **Make the mental health model more consistent with a developmental risk, resilience and recovery model (implications for Medicaid, for example)**
- **Take evidence-based practices to scale?**

Addressing the Policy Challenges

- **Operationalizing the NFC paradigm shift**
 - Now focused on SED, needs to include at risk
 - Services delivered where the families and children are (primary health care linkages, child care, schools etc)
 - Pay for consultation and indirect services as well as direct services
 - Two-generational preventive and intervention services

Addressing the Policy Challenges (cont)

- **Eliminating disconnects between best practice and fiscal practice**
 - Family driven, but indicated client. Can't pay for team meeting w/o child; Can't pay for parent-child therapy/
 - Custody relinquishment
 - Cannot provide consultation without diagnosis
 - Medicaid not linked to overall state plan

Addressing the Policy Challenges

Crafting policy Incentives for state infrastructure to support

- Emerging clinical, developmental, genetic and best policy knowledge
- Family-driven care

Eyes on the Prize: The Advocacy Challenge

- Expand access (health insurance)
- Implement NFC vision
 - Think public health/mental health
 - Think beyond cross-systems to common system
 - Strengthen state strategic fiscal and planning capacity
- Build non-partisan coalitions
 - Family Opportunity Act, FFL, etc.