CHILD MENTAL HEALTH REFORM

Position Statement

NASW, Iowa Chapter, supports the need for increased accessibility, awareness, and comprehensive services for children with mental health and disability needs.

Discussion

- *Prevalence of Mental Illness and Disabilities in Children*

Mental health needs are generally thought to be adult issues, but for children they are one of the greatest threats to their health and wellbeing (Iowa Department of Public Health, 2010). Research indicates that half of all lifetime cases of mental illness begin by the age of 14 (National Institute of Mental Health, 2005). Onset of major mental illness may occur as early as seven to eleven years of age (Kessler, Berglund, Demler, Jin, & Walters, 2005). According to the United States Surgeon General (2000), one in ten, approximately five million youth, currently have a serious mental health concern that is severe enough to interfere with daily functioning. A serious emotional disturbance (SED) refers to a diagnosable emotional, mental, or behavioral disorder that disrupts a child's ability to function in the home, school or community, and has been apparent for more than six months (American Psychiatric Association, 2000). In Iowa, it is estimated that 10-12% of persons under the age of 18 have a SED (Data Resource Center for Child & Adolescent Health, 2007). An estimated 85,000 children in the state of Iowa are in need of mental health intervention (IDPH, 2010). About 13% of Iowans age 6-11 have one or more exhibit an emotional, behavioral, or developmental condition; this compares to a national rate of 12% (Data Resource Center for Child & Adolescent Health, 2007).

- *The Cost to Society*

Childhood mental, emotional and behavioral disorders are the most costly and prevalent of all childhood illnesses. The National Research Council, Institute of Medicine (2009) estimates the financial costs of childhood behavioral disorders, including annual cost of treatment and the effect of lost productivity, to be \$247 billion. The direct cost of treatment amounts to \$14.8 billion (National Academy of Sciences, 2009). In the state of Iowa, many of these costs are related to the services that children need such as placement at a Psychiatric Medical Institute for Children (PMIC), Behavioral Health Intervention Services (BHIS), as well as Children's Mental Health Waiver (CMHW). In 2009, the total number spent on these services within the state of Iowa was over \$26 billion dollars with almost 18,000 children being served. Over 1,000 children were placed in PMIC facilities. In addition, some of the children receiving BHIS services received these services within a group care residential facility, and not in their home.

Early intervention can decrease costs to society. The National Institute of Mental Health (2010) indicates that only one-third of children with a serious emotional disorder receive treatment. Studies of the financial impact of early childhood intervention programs have found that young children who receive effective services may show improvement in the following areas: educational outcome, delinquency and criminal activity, and future earnings. Consequently, utilization of services can benefit taxpayers as there is less money spent over the lifetime of the child (Huffman, Mehlinger, & Kerivam, 2000).

- *State Law*

In 2012, Governor Terry Branstad called for a redesign of the state's mental health system. The law, Senate File 2315, calls for expanded core services for mental health and disability services that are to be evidence based practices within the redesign. The redesigned mental health system will provide timely access to services that are regionally administered and locally delivered that are individualized and consistent.

Iowa's Mental Health & Disability Service Division (MHDS) has developed the framework for a five-year plan to transform Iowa's mental health and disability service system. The mission is to build a consumer and family driven system that expands choices about the support and services needed, when these services are provided, and by whom. The US Supreme Court's Olmstead decision guides how the service system is developed. The decision states that persons with disabilities of any age will receive support in the most integrated setting that is consistent with their needs.

- *Access to Services*

Much of Iowa is considered to be rural, and most of the cities and towns in Iowa are small. Limited mental health services are available in many of these small towns and significant travel may be required to access services. In urban areas, mental health and disability services are more readily available, and easier to access through the community, such as schools and mobile crisis mental health services. Practitioners in urban areas are more readily available during a crisis and are able to provide more flexibility to meet the needs of the clients. Practitioners in rural areas are unable to be as flexible due to travel distances and other barriers, such as time and funding.

Transportation can be a significant barrier to the access of services. Public transportation, such as busing or cabs, is often not an option to those who live in rural areas. "As a result, many rural mental health providers operate some form of transportation services to consumers for services, an operational cost not often incurred by their urban counterparts. Rural consumers and families must often travel great distances weekly to access services available only in larger communities that serve as "regional centers of trade" (Mohatt, Adams, Bradley, & Morris, 2006, p.5).

An additional barrier to access of services in the rural areas is the stigmatization that exists regarding mental health services. "Views of mental illness within the rural community are generally more negative and stigma surrounding a psychiatric label is often magnified in a small community at opposed to a larger urban area" (Bjorkland, & Pippard, 1999, p. 350).

Waiting lists for services impact the availability and access to services for children. According to Iowa Medicaid Enterprises (2012), the current funding cap for CMHW is 1,054 consumer slots, with 944 consumers approved, with 83 consumers pending approval, and an additional 53 consumer slots temporarily closed. These 53 slots have been given but not reassigned due to holding the slot for the consumer for a certain amount of time. There are 950 children on the CMHW waiting list, with applicant date of the next consumer to receive services as 8/1/11. That is a 15-month waiting list. Children on these lists may or may not be eligible for other services.

- *Insurance Coverage*

Mental health services are provided through Medicaid under the Iowa Plan, administered by Magellan Health Services. Some of the important mental health services provided to children include outpatient services, inpatient services, crisis intervention, substance abuse services, and in home mental health services. BHIS services are provided in the community or treatment setting to help a child or adult with mental illness learn skills to manage their behaviors. These services are not paid for by private insurance companies. Children who are on the Children's Mental Health Waiver, who have private insurance, are eligible for Medicaid and then are able to access BHIS services. Private insurance does not pay for BHIS services, and often limits the number of mental health services, such as therapy, in a calendar year.

- *Systems of Care*

Currently there are two Systems of Care practice pilots in Iowa, one in northeast Iowa and one in central Iowa. Systems of Care practice is designed to provide wraparound care coordination to children and youth with serious emotional and behavioral challenges. Systems of Care practice is intended to bring together a support team that assists in developing and supporting a care plan for the client. It is currently funded through federal and state funds, including a federally funded grant through the Substance Abuse and Mental Health Services Administration (SAMHSA, 2012). This grant is contingent upon the state matching dollars to fund the practice. Iowa is required to increase its matching funds over the six year cycle. The Community Circle of Care approach in Northeast Iowa assisted 97% of the 1,567 youth served to avoid out of home placement. The Central Iowa System of Care, which began in 2009, serves children and youth that are not only at risk for out of placement, but are discharging from PMIC care. At the end of the 2011 fiscal year, only 8% required more intensive out of home treatment within the Central Iowa System of Care (CISOC report SFY 2011, Iowa DHS).

Systems of Care may utilize evidence-based approaches within their practice. Evidence-based approaches have also been recommended in order to provide mental health services (Center for Mental Health Services, 2011). Evidence based approaches are based in theory and have undergone scientific evaluation whereas non-evidence based approaches are based on "tradition, convention, belief, or anecdotal evidence" (SAMHSA, 2012). In an effort to provide consistent, high-quality services to clients, the Iowa Legislature has stated that evidence-based approaches should be utilized in the delivery of mental health services (Iowa Senate File 2315, 2012).

- *Blended and Braided Funding*

Braided and blended funding strategies enable children and families to access a broad array of services and supports. Blending and braiding different funding sources is essential for financing systems of care (Health Resources and Services Administration, n.d.). Funds from one source cannot sufficiently support an integrated and coordinated network of community-based services and supports designed to meet the needs of children and youth with serious mental health needs and their families (US Department of HHS, HRSA).

Blended funding provides a method that allows service providers of different agencies to coordinate, collaborate, and integrate programs to access federal funds that might not otherwise be available. The practice of blended funding does not solely redirect existing dollars, but generates new revenue to extend services. Potentially eligible funds are often unavailable due to funds being appropriated to different agencies (California Institute of Mental Health, 1998).

Barriers of blending funding include the frequent need for formal waivers of federal requirements, defined eligibility for specific programs, varying interpretations of the amount of flexibility available, and time-consuming evaluation requirements when flexibility is granted (Washington Department of Social and Health Services Children's Administration, 2004). For these reasons, few department dollars are available to blend with other service funding.

Braided funding is another alternative to financing mental health services. Braided funding involves more than one public funder authorizing their dollars to be included in an individual budget. Each agency retains funding streams, tracking requirements, and specific eligibility for services; these are offered as part of a coordinated package of services to shared clients.

- *Disproportionality Concerns/Cultural Competence*

There continues to be concerns regarding the ability for clients to receive culturally competent services from providers. Mental illness continues to be stigmatized in many cultures. Some cultures consider mental health problems to be shameful and therefore a private concern. As a result of inadequate mental health awareness, there is also the belief that mental illness will either disappear with the use of self-control or will disappear on its own (National Institute of Mental Health, 2005). Unfortunately, this may result in those with serious mental health problems or the families of those with mental health problems not seeking appropriate treatment.

At this time, 91% of the population of Iowa is white (Iowa Data Center, 2012) however the population of minorities has increased and is projected to continue to grow over the next decade. Currently, 97% of social work licenses are white (Kelly, 2006). The lack of non-white licensed social workers does not reflect the current population and may impact how services are provided and to whom. Over half of health care providers report that they have not undergone cultural competency training (Smedley, Stith, & Nelson, 2003). Such findings indicate that widespread cultural competency training might result in an increase of understanding between practitioner and client, and thus increase the number of culturally diverse clients that adhere to treatment recommendations.

Recommendations

- Iowa should expand and fund the Systems of Care model for children's mental health services throughout the state.
- Mental Health Providers should ensure all evidence based and promising practices are both replicable and transferable throughout the state.
- Mental Health Providers should acquire and sustain resources and tools that are culturally sensitive and competent.
- Iowa should explore options to implement blended/braided funding from a combination of several different agencies.

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