

Mental Health Care Services



ACTION

- Increase funding for the Community Mental Health Performance Partnership Block Grant, the principal federal discretionary program for residential and community-based mental health services for adults and children.
- Increase funding for the Children's Mental Health Services Program, which provides six-year grants to states and local communities to help them develop intensive, comprehensive, community-based mental health services for children with serious emotional disturbances.
- Provide first-time funding for the Mental Health and Child Welfare Services Integration program, which would address the serious needs of children and adolescents in the child welfare system and the needs of youth at-risk for placement in the system.
- Pass the Keeping Families Together Act (S. 380/H.R. 823), legislation designed to address the problem of parents forced to relinquish custody rights to the state to obtain mental health care for their seriously ill children.
- Pass the Lifespan Respite Care Act (S. 1283/3248/H.R. 3248), legislation that provides relief from caring for children with severe disabilities for parents and other caregivers who have trouble finding trained respite care providers or paying for respite services.
- Support the recommendations of the President's New Freedom Commission on Mental Health, including early co-occurring mental health and substance abuse screening, assessment, and referral to services to promote the mental health of young and adolescent children.

- Pass the Mental Health Equitable Treatment Act (H.R. 1402), which would address parity by requiring group health plans that provide mental health benefits and to do so without arbitrary limits that differ from limits applied to medical and surgical care.

HISTORY

The President's New Freedom Commission on Mental Health found that our nation's failure to prioritize mental health is a national tragedy. Nowhere is this more evident than among children in foster care who have extensive mental health needs, as most have experienced some form of abuse or neglect and suffer from being separated from their families.

Findings from the recent federal Child and Family Service Reviews (CFSRs), which evaluate state child welfare systems, show that most states are not able to meet the mental health needs of these most vulnerable children. Through the CFSRs, the U.S. Department of Health and Human Services has documented concerns about states' abilities to adequately meet the mental health needs of children and families:

- lack of appropriate mental health services for children in the child welfare system, including specialized services such as treatment for children who have been sexually abused, treatment foster care, substance abuse treatment, and domestic violence;
- concerns about the quality of available mental health services;
- inconsistency in conducting mental health assessments for children when an assessment is warranted;

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- inconsistency in providing appropriate services to meet the identified needs of children and parents;
- fathers, mothers, and children not routinely involved in case planning; and
- scarcity of appropriate placement services for children with developmental disabilities or behavioral problems.

Most states have included actions in their Program Improvement Plans to better address the mental health needs of children and families in the child welfare system. These plans were constructed as a means for states to improve their child welfare services and the outcomes for families and children who receive services. These measures will also help states comply with federal outcome measures assessed in the CFSR process.

More federal resources must be dedicated to research and services for children in out-of-home care so they can receive the mental health services they need and deserve to live healthy, productive lives.

Mental Health Services Block Grant

The Community Mental Health Services Performance Partnership Block Grant is an increasingly critical source of funding for state and local mental health programs. These funds support services such as case management, emergency interventions, residential care, and 24-hour hotlines to stabilize people in crisis, as well as coordination of care for individuals with schizophrenia or manic depression who require extensive supports. Congress approved \$410.9 million in FY 2006, a \$21.8 million decrease from FY 2005.

The Mental Health Programs of Regional and National Significance provide local communities the opportunity to improve mental health services by implementing proven, evidence-based practices for adults and children with serious emotional disorders. These programs allow state and local mental health authorities to access information about the most promising methods for improving programs. Current areas of importance include state child welfare systems, the criminal justice system, children who are victims of or who witness violence, services for persons with co-occurring mental illnesses and additional disorders, and school violence and suicide prevention, particularly for children and adolescents. In FY 2006, this program was funded at \$410.9 million. This is a \$22.2 million reduction from FY 2005.

Children's Mental Health Services Program

The Children's Mental Health Services Program develops organized systems of care for children with serious emotional disturbances in child welfare, juvenile justice, and special education that often do not receive the mental health services they require. Extensive evaluation has shown this program has had a significant effect on the communities it serves. Outcomes for children and their families have improved, including reduction of symptoms, improvement in school performance, fewer out-of-home placements, and fewer hospitalizations. This program was funded at \$105 million in FY 2006, the same rate of funding as the previous year.

Mental Health Equitable Treatment Act

Mental health parity is necessary to ensure that mental disorders receive the same insurance coverage as other illnesses. CWLA supports the Mental Health Equitable Treatment Act (H.R. 1402), which would require insurers that provide mental health coverage to offer those benefits at the same level as benefits for medical and surgical coverage. The success rate and efficacy for treating mental illnesses is as good, if not better, than treatment for common illnesses like heart disease. Lack of access to treatment has tragic implications for individuals and families, as well as huge hidden costs to society from lost productivity, lost earnings, and increased burdens on public health systems.

Keeping Families Together Act

Endorsed by CWLA, the Keeping Families Together Act was introduced in early 2005. Designed to address the barriers that prevent families with children who have mental or emotional disorders from accessing critical mental health services, this legislation allows states to build new infrastructures to more efficiently serve children who require mental health services, while keeping them with their families in their own homes. Early in 2005, Senators Susan Collins (R-ME), Mark Pryor (D-AR), Mike DeWine (R-OH), and Jeff Bingaman (D-NM) introduced the legislation (S. 380) with bipartisan support in the Senate. In the House, Representatives Jim Ramstad (R-MN), Patrick Kennedy (D-RI), Pete Stark (D-CA), and Nancy Johnson (R-CT) also introduced legislation (H.R. 823). Providing these new resources (\$55 million in grants to states over six years) would help ensure those children and youth who are in state custody or at risk of entering state custody receive critical mental health services.

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Lifespan Respite Care Act

The Senate approved the Lifespan Respite Care Act in 2003, but the House of Representatives never considered the measure. This bill was reintroduced in early 2005 as S. 1283 and H.R. 3248. S. 1283 originally gained bipartisan support by Senators Hillary Rodham Clinton (D-NY), John Warner (R-VA), Barbara Mikulski (D-MD), and Gordon Smith (R-OR). Representatives Michael Ferguson (R-NJ), Jim Langevin (D-RI), and Lee Terry (R-NE) originally sponsored H.R. 3248. The legislation would provide a coordinated system of accessible, community-based respite options for primary caregivers that provide around-the-clock care for family members with special needs. CWLA has endorsed this effort.

The need is great. The family caregiver role too often results in substantial emotional, physical, and financial hardship. Available respite care programs are insufficient to meet the need, and those that are available find it difficult to recruit appropriately trained respite workers, leaving large numbers of family caregivers without adequate support.

KEY FACTS

- Between 5% and 9% of all children in America have a serious emotional disturbance.
- One in 10 children and adolescents has a mental illness severe enough to cause some level of impairment. Yet, only 1 in 5 receives mental health services in any given year—meaning nearly 80% of children who need mental health services do not receive treatment.
- Suicide is the fourth leading cause of death among youth ages 10 to 14 and the third leading cause among young people 15 to 24.
- Of children entering the child welfare or juvenile justice systems, 80% have mental disorders, compared with 20% of the general population.
- Moderate to severe mental health and behavioral problems affect 50% to 80% of children; about 60% of preschool age children in foster care have developmental delays. Fewer than 5% of children are without psychological symptoms.
- More than 40% of children entering the child welfare system do not receive initial screening for mental health or developmental delays.
- Only about 25% of children in foster care receive mental health services at any given time.

- Children with medical, developmental, or mental health problems are more likely to experience multiple foster care placements and spend more time in the foster care system than the rest of the foster care population.
- Based on interviews with child welfare directors in 19 states and juvenile justice officials in 30 counties, parents placed more than 12,700 children in the child welfare or juvenile justice system in FY 2001 so their children could receive mental health treatment.
- Children with disabilities experience a 1.7% greater occurrence of maltreatment than do their nondisabled peers.
- Mothers of children with disabilities experience higher levels of mental health problems as a direct result of economic status, stress of caregiving, and lack of opportunities for social and psychological development of the child.

Sources for statistical information are provided in the online version of this fact sheet. See www.cwla.org/advocacy/2006legagenda.htm.

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