

KIT
CHILDREN'S MENTAL HEALTH

RESOURCE

Promoting Children's
Mental Health Screens
and Assessments

Children's Defense Fund
LEAVE NO CHILD BEHIND[®]





WHAT IS THE RESOURCE KIT?

What is the Children's Mental Health Resource Kit?

This Children's Mental Health Resource Kit is designed to help you promote access to and the availability of mental health screens and assessments for children in your state. We believe this is an essential first step in ensuring appropriate mental health treatment for children. The kit contains a number of Fact Sheets and an Action Strategies and Resources Guide. The kit is designed to help you gather information in your state and to lead you to other resources as you work to improve access to mental health screens and assessments for children.

Fact Sheets

- Introduction: Promoting Access for Children to Mental Health Screens and Assessments in Medicaid and the Children's Health Insurance Program (CHIP)
- Children's Mental Health: How Common are Children's Mental Health Problems?
- Federal Requirements: What is Required for Mental Health Screens?
- Mental Health Screens and Assessments: Why are They Important?
- The Barriers: Why is it Difficult for Children to Get Mental Health Screens and Assessments?

Action Strategies and Resources Guide

- Examining Children's Mental Health Screens and Assessments

Strategy #1: Determine the status of children's mental health advocacy in your state.

Strategy #2: Collect basic data about mental health screens and assessments.

Strategy #3: Collect data to show how your state allocates funds for children's mental health services.

Strategy #4: Collect personal stories from families about their experiences trying to get mental health screens and assessments for their children.

- Expanding Children's Mental Health Screens and Assessments

Strategy #1: Educate families, policymakers, and the public about the need to address children's mental health problems as early as possible.

Strategy #2: Promote availability and use of screening tools in settings where children and families already receive services.

Strategy #3: Encourage prevention and early intervention services.

Strategy #4: Expand delivery models for mental health screens and assessments.

Strategy #5: Organize advocacy and monitoring to expand access to mental health screens and assessments.

- Resources and References: Getting More Information



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INTRODUCTION

Promoting Access for Children to Mental Health Screens and Assessments in Medicaid and the Children's Health Insurance Program (CHIP)

“The burden of suffering experienced by children with mental health needs and their families has created a health crisis in this country. Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them. It is time that we as a Nation took seriously the task of preventing mental health problems and treating mental illness in youth.”

David Satcher, M.D., Ph.D, U.S. Surgeon General, Surgeon General's Conference on Children's Mental Health: A National Action Agenda, 2000.

Why is There a Need for a Children's Mental Health Resource Kit?

Please use this resource kit to educate yourself and others about the mental health care needs of children and to learn about opportunities for improving access to mental health screens and assessments for children through Medicaid and the Children's Health Insurance Program (CHIP). If you share the Children's Defense Fund's vision for improved access to mental health care for children, please use this resource kit to work toward this goal in your community and state.

Encourage others to join you. Find other people and organizations to connect with to advance this agenda. Build the case for why this is important for children by collecting data and the stories of children to inform others of the genuine need for, and importance of, children's improved access to mental health services. Every single individual who joins this effort can make a difference. Please become a persistent, visible witness for children wherever you live.

The mental health needs of children and youth call out for attention. There is widespread denial that mental health concerns affect children—across all age ranges, all cultural groups, and all income brackets. Such misunderstandings are frequent, and interventions and treatment are rare. Many people believe that children with mental health problems are “just going through a phase.” Yet, such problems are a growing concern for more and more of our country's young children, adolescents, and their families. Consider these facts:

- 4 million youth suffer from a major mental illness that results in significant impairments at home, at school, and with peers. [U.S. Surgeon General's Report, 1999]
- One in ten children and adolescents has a mental illness severe enough to cause some level of impairment. Yet, only about one in five of them receives mental health services in any given year. [U.S. Surgeon General's Conference on Children's Mental Health, 2000]
- Among children ages 9-17, there are one or two with serious emotional problems in virtually every classroom in the country. [President's New Freedom Commission on Mental Health, 2002]

- Among youths ages 15-24, suicide is the third leading cause of death, after auto accidents and homicides. [U.S. Centers for Disease Control and Prevention]

The Children's Defense Fund believes it is time to broaden understanding about the critical need to provide children with early and regular screens for potential mental health problems. And once problems are identified, children and their families must have access in their own communities to the treatment, services, and supports that they need.

We recognize that states are being asked to do more and more with fewer resources. States and localities with tight budgets now face major cutbacks in social, health, and human services. However, at the same time, the increasing mental health needs of children require that they receive more attention in the national debate about priorities for public spending. The devastating human and financial costs of ignoring early signs of mental health problems affect every community and the children and families who must face tremendous daily challenges.

It is time to have a public health approach to mental health care that emphasizes prevention, risk reduction, and early intervention to avoid more complex and expensive problems later. It is now more important than ever to stay focused on the core elements of comprehensive and effective health and mental health services, including early detection and intervention.

This Resource Kit focuses on the importance of providing age-appropriate mental health screens and assessments as early as possible for younger children and regularly for teens. Appropriate screening and assessment will increase the likelihood of appropriate treatment.

We recognize that mental health and drug and alcohol problems—especially among adolescents—frequently occur together, but we address only the mental health challenges in this resource kit. For more information about the special challenges of co-occurring disorders, see the Action Strategies and Resources Guide under the entries for the Federation of Families for Children's Mental Health and the National GAINS Center.

What is the Goal?

The goal is to help increase access to mental health screens and assessments for all children—as early as possible and on a regular basis at appropriate age intervals so that appropriate treatment can follow. This is especially critical for the youngest children. Screens and assessments also should be available as quickly as possible when older children show signs of emerging problems. Mental health screens can identify problems that require immediate attention. If and when there is evidence of a potential problem, children should get a more comprehensive assessment to determine appropriate treatment and services.

Full citations are included in the Action Strategies and Resources Guide.

To achieve this goal, we must broaden the network of advocates and policymakers who can promote this objective as part of a larger state and local children's health and mental health agenda. Part of that agenda must be to maximize the use of Medicaid and CHIP to provide mental health screens and assessments for all children. The resource kit is designed to help you do this.

What Can You Do?

You can take action now in your own state and community to broaden support for increased and improved mental health services for children who need them. While Medicaid and its comprehensive benefits package for children have existed to provide health coverage for children for more than 35 years and many states have used Children's Health Insurance Program funding since 1997 to expand their coverage for millions of eligible children through Medicaid or separate CHIP programs, these programs still are drastically underutilized when it comes to providing mental health care to children.

Many studies and lawsuits have documented that the delivery of Medicaid services, including children's health and mental health screens and treatment, remains sporadic and inadequate. Children's health and mental health benefits through private insurance coverage are riddled with benefit limits, exclusions, and significant cost-sharing burdens. Some states that have chosen to expand children's health insurance coverage through CHIP have replicated the shortcomings of these private health insurance benefits for children. The shortcomings in Medicaid, CHIP, and private insurance plans persist despite documented

benefits of early detection of, and intervention in, childhood health and mental health problems. The medical, education, advocacy, and policymaking communities' interest in, and emphasis of, early detection and intervention strategies present significant opportunities to promote and improve children's mental health screening and assessment.

Every state has a small core of dedicated family members, other advocates, and public officials who speak out about children's mental health issues. But more voices are needed in the effort to convince the general public and policymakers that ignoring children's mental health concerns has profound implications for children, their families, and communities. We hope you will use this resource kit to broaden the network of advocates working to increase and improve mental health screening, assessment, and services for children.

Who is the Audience?

Expand the circle of allies who can help you raise the prominence of children's mental health concerns in your states and communities. Individuals who can help include pediatricians, policymakers, children's and child health advocates, family members and young people themselves who have mental health problems, other concerned citizens, and members of the media. Working with the media can educate more people about the negative and costly consequences of ignoring warning signs of mental health problems as well as the positive results of early detection and intervention.

Full citations are included in the Action Strategies and Resources Guide.



CHILDREN'S MENTAL HEALTH

How Common are Children's Mental Health Problems?

"Mental disorders and mental health problems appear in families of all social classes and of all backgrounds. No one is immune. Yet there are children who are at greatest risk by virtue of a broad array of factors. These include physical problems; intellectual disabilities (retardation); low birth weight; family history of mental and addictive disorders; multigenerational poverty; and caregiver separation or abuse and neglect."

Mental Health: A Report of the U.S. Surgeon General, 1999.

Emotional, behavioral, and mental disorders cut across all income, education, racial, ethnic, and religious groups. Children who have these disorders live with single parents and two-parent families and in birth, adoptive, and foster families. They live in every community across the country and attend every school. They span the entire age range. In recent years, both the Surgeon General of the United States and the President's New Freedom Commission on Mental Health have highlighted the urgency of addressing children's mental health needs.

What is Known about the Scope and Magnitude of the Problem?

- 4 million youth suffer from a major mental illness that results in significant impairments at home, at school, and with peers. [U.S. Surgeon General's Report, 1999]
- One in ten children and adolescents has a mental illness severe enough to cause some level of impairment. Yet, only about one in five of them receives mental health services in any given year. [U.S. Surgeon General's Conference on Children's Mental Health, 2000]
- Among children ages 9-17, there are one or two with serious emotional problems in virtually every classroom in the country. [President's New Freedom Commission on Mental Health, 2002]
- Among youth ages 15-24, suicide is the third leading cause of death, after auto accidents and homicides. [U.S. Centers for Disease Control and Prevention]
- Child mental disorders continue into adulthood: 74 percent of 21-year-olds with mental disorders had prior problems. [U.S. Surgeon General's Conference on Children's Mental Health, 2000]

Why Intervene as Early as Possible?

More public officials are recognizing the need to invest in children early on to help ensure their later well-being. The Institute of Medicine/National Research Council, in 2000, issued a comprehensive study called *From Neurons to Neighborhoods: The Science of Early Childhood Development*, which emphasized the importance of children's social and emotional development to their overall well-being. The report called for larger investments in children's mental health, including developmental and behavioral screens. It also

recognized the value of well-designed intervention programs to help children with serious health conditions, including mental and emotional problems.

There is growing recognition that some childhood mental illnesses can be prevented, and many others can be prevented from causing long-term damage if there is early, prompt, and appropriate intervention. But this requires making early identification and intervention a higher priority; it means that children of all ages must have access to mental health screens and assessments, both on a routine basis and when they show signs of possible emotional, behavioral, or developmental difficulties.

There are those who say that serving children with emotional, behavioral, and mental health problems is too costly. Yet, the alternative is even more expensive. Consider the human and financial costs of not intervening as early and promptly as necessary with children with serious mental health problems:

- **Lost Productivity.** Families often must miss work if called to school about their children's problems or if they have to stay home to care for them. Communities lose valuable workers when there is this kind of family disruption. The staggering emotional and financial toll on families can also affect their productivity on the job.
- **Lost Learning Opportunities.** Young people miss out on valuable time in school. Many are often too troubled to learn without special help and when they don't get it, they may bounce in and out of the classroom.

- **Safety Risks.** When children can't learn in school and drop out or are suspended or expelled, communities face the prospect of having unproductive children and youth "hanging around" and creating concerns about safety and crime for themselves and others.
- **Diminished Quality of Life.** Mental difficulties often surface during childhood and when they are severe, they are very destructive over a long period of time. This creates enormous suffering for the children and all members of their families, and all suffer a greatly diminished quality of life.

Full citations are included in the Action Strategies and Resources Guide.





FEDERAL REQUIREMENTS

What is Required for Mental Health Screens?

Medicaid and the Children's Health Insurance Program (CHIP) are public health insurance programs that cover the costs of medical care for eligible low-income children. Both are run at the state level and have specific income guidelines and benefits. Children may qualify for one program or the other, but not both.

Eligibility and Benefits

Medicaid is a public health insurance program that covers the costs of medical care for eligible low-income children and adults. CHIP provides health insurance coverage for uninsured children in families with incomes too high to qualify for Medicaid, but who cannot afford the high cost of private health insurance. In some states, Medicaid and CHIP are separate programs, while other states have combined them into one program. Some states have different names for their Medicaid and CHIP programs. To find out about Medicaid and CHIP programs in your state, call 1-877-KIDS-NOW or visit www.insurekidsnow.gov.

Medicaid covers most basic health care for children, including doctor visits, prescriptions, and hospital costs. All children who qualify for Medicaid are also eligible for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. EPSDT provides children with preventive testing, health screenings, and regular check-ups. Medicaid also covers the cost of comprehensive treatment for most problems that are found in these EPSDT screens or preventive health check-ups, including treatment for mental health conditions.

Depending on the state, separate CHIP programs usually cover most basic health care services such as regular check-ups, immunizations, hospital care, prescription drugs, dental care, and eyeglasses. Some states' CHIP programs do not cover all necessary specialized health services, and some limit the use of services, such as certain dental procedures and medical equipment.

What are the Requirements for Mental Health Screens?

Medicaid's EPSDT program requires a comprehensive medical screen for all eligible children and youth through age 20. Federal law requires four types of screens: medical, vision, hearing, and dental. By law, the medical screen must include:

- a comprehensive health and developmental history, including an assessment of both physical and mental health development;
- appropriate immunizations;
- laboratory tests; and
- health education.

These mandatory screenings allow doctors to detect physical or mental problems early so that children can get appropriate treatment. The law allows states to determine the frequency and timing of the full screens of a child's physical and emotional health. For the medical screens, states generally follow the timing recommended by the American Academy of Pediatrics in its "periodicity schedule."

Besides the regular screens, children can also get "interperiodic screens" whenever needed. These can be partial screens to identify and diagnose a specific problem. People outside the health care system, such as teachers or parents, can request an interperiodic screen when they believe that a child has a problem such as a mental health concern that may require special treatment.

Medicaid covers the cost of all "medically necessary" services that are found in a child's preventive health check-up, including care for mental health needs. Federal law requires EPSDT to cover services for conditions discovered through screenings that can be reimbursed under Medicaid, regardless of whether these services are typically covered by the state's Medicaid plan for other beneficiaries.

In contrast to the federal screening requirements of EPSDT, states do not have comparable legal obligations under CHIP. In states with a combined Medicaid and CHIP program for children, mental health benefits should be as broad as those covered by EPSDT. States that run separate CHIP programs generally limit mental health benefits to what is typically found in private health insurance plans. Even when state CHIP plans say they provide “developmental assessments,” there is no national information available about what that includes, although many states follow standards set by the American Academy of Pediatrics, which recommend a developmental/behavioral assessment at specific age intervals.

The National Health Law Program (NHLP) has produced a manual titled, *Toward a Healthy Future: Medicaid Early and Periodic Screening, Diagnostic and Treatment Services for Poor Children and Youth*, which gives detailed information about EPSDT requirements for screening as well as suggestions for working to improve children’s access to screenings and treatment. The manual also includes comprehensive information about court cases involving the rights of Medicaid beneficiaries to EPSDT services and the legal obligations of states to provide these services.

What are Screens and Assessments?

Screening is the first step in the on-going process to determine a child’s need for services. A screen identifies children who have, or are at risk of developing, mental, emotional, or behavioral problems. The next step is an “assessment,” which is a more comprehensive analysis done to identify specific services and supports that can address identified or developing physical or mental health problems.

What are States Doing?

Despite the mandate for comprehensive health coverage for low-income children through Medicaid, there is evidence that many children are not screened for physical and mental health conditions and do not receive treatment when the need is indicated. The evidence about how little states do to monitor access to services is very clear:

- A U.S. General Accounting Office (GAO) report, in July 2001, stated, “The extent to which children in Medicaid across the country are receiving EPSDT services is not fully known, but the available evidence indicates that many are not receiving these services.”
- This same GAO report cited a U.S. Department of Health and Human Services Office of Inspector General study that examined managed care programs and found that less than one-half of enrolled children in its sample received any EPSDT screens.
- A GAO report, in January 2003, found that states focus more attention on setting administrative requirements for providers under Medicaid and CHIP than on analyzing children’s use of services. States do little to monitor use of services by Medicaid-eligible children even though they have a ready source of data in their claims payment systems. States with separate CHIP programs reported even fewer efforts to monitor children’s use of services than in their Medicaid programs.

The 2001 GAO report highlighted the critical need to urge states to promote access for eligible children to the EPSDT screens required by federal law and to monitor those efforts. The monitoring should include whether, and how often, eligible children get mental health screens.

Full citations are included in the Action Strategies and Resources Guide.

The task to monitor EPSDT services is more challenging than ever before for several reasons. First, many state Medicaid programs are contracting with private plans to provide services, including EPSDT. This makes it more difficult to track specific services, especially when states pay a fixed fee (called a “capitated” rate) for plans to provide most medical services. Second, states are facing huge budget deficits and most are required to balance their budgets, leading many legislators and governors to propose cutting eligibility, limiting services, or reducing already low provider payment rates. In addition to cutting Medicaid programs, several states are also cutting services and dropping eligibility levels in the Children’s Health Insurance Program.

Despite the difficult economic and budget situations states face, it is essential to take steps to begin monitoring efforts. If mental health screening and assessment continues to be put aside, the human and fiscal costs of delayed treatment will continue to grow.

Full citations are included in the Action Strategies and Resources Guide.



Children's Defense Fund



SCREENS AND ASSESSMENTS

Why are They Important?

“When we think about a healthy start, we often limit our focus to physical health. But...mental health is fundamental to overall health and well-being. And that is why we must ensure that our health system responds as readily to the needs of children’s mental health as it does to their physical well-being.”

David Satcher, M.D., Ph.D, Surgeon General, U.S. Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda, 2000.

Professional Organizations Recognize Developmental Benefits

The benefits of developmental screens are well accepted by child development experts and the children’s medical community. For example, the American Academy of Pediatrics (AAP) believes that access to comprehensive health care benefits is critical for children to achieve their optimal health. AAP recommends regular screenings and developmental and behavioral assessments from infancy through adolescence in its “Recommendations for Preventative Pediatric Health Care.” Many state Medicaid agencies consult these recommendations when deciding appropriate intervals for EPSDT screens. AAP also recommends mental health and substance abuse services for other psychosocial problems.

The American Academy of Child and Adolescent Psychiatry (AACAP) also recommends appropriate developmental and behavioral assessments for children. AACAP provides practice guidelines for children of all ages, beginning with infants and toddlers, ages 0-36 months. The infant and toddler guidelines acknowledge the “urgent need and incomparable opportunity to understand and to intervene early and preventively with young children and their families.”

AACAP recently began a joint initiative with the Child Welfare League of America (CWLA) to improve the design, delivery, and outcomes of the mental health and substance use services provided to children in foster care and their families. This effort was prompted by concern about mental health care for this group of children. More than 90 percent of them qualify for Medicaid. More than 30 consumer and professional organizations participate in this initiative. The organizations recognize the need to develop innovative and evidence-based assessment tools to identify children’s emotional and/or behavioral problems as early as possible and to ensure that these needs are treated in a timely manner by professionals who are trained in the most effective prevention and treatment approaches. One goal of the initiative is to develop age-appropriate components for mental health screens and assessments. For more information, go to www.aacap.org and click on “Policy Statements.”

Screening and Assessment Promote Early Intervention and Help to Limit Long-Term Costs

There are strong public policy reasons why states should ensure that all Medicaid- and CHIP-eligible children get mental health screens. Early investments are cost-effective. State Medicaid agencies are well aware that mental disorders represent a sizeable portion of annual expenditures. These agencies have learned from experience that early intervention costs less. Delayed treatment is usually more expensive.

Screening is the first step in the on-going process to determine a child’s need for services. A screen identifies children who have, or are at risk of developing, mental, emotional or behavioral problems. The next step is an “assessment,” which is a more comprehensive analysis done to identify specific services and supports that can address identified or developing physical or mental health problems.

There is currently no agreement about a single most effective instrument to use for children’s mental health screenings or assessments. As a result, state Medicaid agencies may use a variety of instruments or may recommend specific ones. This presents an important opportunity for a collaborative effort among representatives from the Medicaid agency, appropriate state professional organizations (e.g. pediatricians, child psychiatrists, clinical psychologists, clinical social workers, etc.), and family organizations to recommend one or more screening instruments for different ages of children. These same groups could use their existing relationships to maximize outreach about, and access to, mental health screens and assessments for the greatest number of eligible children.

Majority of States Don’t Yet Offer Specialized Mental Health Screens

The Bazelon Center for Mental Health Law in 2000-2001 contacted states to learn how they screen for mental health and substance abuse issues through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit under Medicaid. The survey examined different options states might consider for mental health screenings, such as:

- Including specialized mental health questions that are distinct from the comprehensive EPSDT screens used to identify physical health problems; or
- Incorporating mental health questions or prompts as part of a comprehensive EPSDT screening tool.

The Bazelon Center survey findings indicate considerable variance in how states screen for children’s emotional, behavioral, and mental health problems. The Bazelon Center concluded that “very few [states] have policies in place that are likely to result in accurate identification of children with behavioral health disorders.” It found that:

- 28 states recommend screening tools that reference mental health in some way through either a specialized screen or something in their comprehensive EPSDT screen.
- The remaining 23 states—nearly half—have not addressed behavioral health concerns at all in their comprehensive EPSDT screens. They use no specialized screens or any mental health questions or prompts in their EPSDT screens, even though such tools have been found to help increase the identification of mental health and substance abuse problems.

Furthermore, when there is attention to mental health, most states only recommend—rather than require—that primary care providers use specific tools. States have largely created their own mental health screening tools, perhaps suggesting the need for professional associations with appropriate expertise to help develop one or more models to use across the country. The Bazelon Center recommends that federal agencies help states design one or more model screening instruments. For the full results of the Center’s survey, see the article from *Psychiatric Services* included in the Bazelon Center entry in the Action Strategies and Resources Guide.

Initial Screens and Comprehensive Health Assessments are Critical for Children

The Georgetown University Center for Child and Human Development recently completed a three-year study to identify and describe promising approaches to meet the health care needs of children in the foster care system. The study addressed special concerns about the higher rate of physical and mental health problems among children in state protective custody and difficulties these children have receiving adequate care. The comprehensive study included telephone interviews with 73 sites and visits to nine sites.

Full citations are included in the Action Strategies and Resources Guide.

Based on their findings, the Center staff recommended a set of critical components to address children's health care needs, starting with an initial screening and comprehensive health assessment. The Center suggests important questions for states and communities to consider when planning or improving their approach to screening and assessments for children in the foster care system. These include questions regarding policy, services, financing, data systems, family participation, and cultural competence issues.

Although the report describes strategies to encourage and expand mental health screens and assessments for children in foster care, states and communities could build on them to serve a broader population of children who qualify for Medicaid or CHIP. For example:

- Establish one-stop clinics where children can get medical, dental, and psychosocial assessments and the necessary follow-up treatment that they need.
- Organize interdisciplinary teams that can travel around a state using existing health facilities to perform basic screens and appropriate follow-up assessments.

- Recruit public health nurses and/or clinical social workers to serve as case managers to help families get the necessary initial screens and assessments and then help families locate the appropriate treatment when there is a need to do so.
- Improve collaboration among large local and regional children's hospitals and designated Medicaid and early intervention providers to increase the percentage of young children receiving mental health and developmental assessments through EPSDT.
- Designate the county mental health department as an access point for community-based mental health services and recruit a sufficient number of clinicians to perform mental health screens and assessments for children of all ages who qualify for Medicaid and CHIP.

For more information about the study's findings and recommendations, see the Center's two publications on the health care needs of children in foster care: *Summary of State and Community Efforts* and *Strategies for Implementation*. See the Action Strategies and Resources Guide for the Georgetown University Center for Child and Human Development's contact information.

Full citations are included in the Action Strategies and Resources Guide.





THE BARRIERS

Why is it So Difficult for Children to Get Mental Health Screens and Assessments?

“...A fragmented services system is one of several systemic barriers impeding the delivery of effective mental health care. Our interim report describes other problems, including...our failure to intervene early in childhood, and our Nation’s failure to recognize mental health care as a national priority.”

Michael F. Hogan, Ph.D, Chair, President’s New Freedom Commission on Mental Health, 2002.

It is estimated that nationally four out of five children with mental health needs do not receive any help. Many of these children are not adequately screened or assessed so that they can receive appropriate treatment, services, and supports. Why don’t children get screens? Below we describe four different types of barriers they face and provide examples of each: service delivery issues, federal and state policy problems, family difficulties, and challenges in serving special populations of children.

Barriers: Service Delivery Issues

I. Lack of Clarity about Why, When, and How Children Should be Screened or Assessed

- There is inadequate attention paid to the importance of early screening for potential emotional, behavioral, or mental health problems.
- There is no single approach or agreed upon set of approaches for pediatric professionals to use for mental health screens.
- It is very difficult for children to get help even when families recognize that there are emotional, behavioral, or mental health difficulties. Children generally first need a specific diagnosis to receive services or supports.

II. Lack of Coordination of Multiple Systems

- Even under the best circumstances, it is difficult to coordinate services between public and private health care systems. Medicaid managed care further complicates the situation unless the specific roles and responsibilities of all participating public agencies and private companies are clearly defined.
- The service system is very fragmented as a result of different funding streams for children’s services and different eligibility requirements. Often families are left to coordinate their children’s services while trying to deal with the personal, family, and financial stress brought on by the child’s condition.
- When mental health services or treatment are delayed, families may turn to the child welfare system for help because they are overwhelmed by their children’s needs. Sometimes, children’s behavior gets so destructive that they end up in the juvenile justice system even before they receive an assessment.

III. Lack of Resources

- The demand for services and supports for children of all ages far exceeds the available resources. Resources are often concentrated on children with the greatest and most expensive needs. It is difficult to redirect public funds to make the appropriate investments in early prevention, detection, and intervention.
- A philosophical shift in programmatic and funding priorities is essential. Expanding resources for screens and assessments to detect children who can benefit from services and supports early on will help avoid much more expensive and extensive treatment later. Although residential treatment centers are used by a small percentage of treated children (8 percent), nearly one-fourth of the national expenditures for children’s mental health is devoted to care in these settings. [U.S. Surgeon General’s Report, 1999]

IV. Lack of Providers and Inadequate Reimbursement

- The demand for treatment, services, and supports for children of all ages far exceeds the number of available providers.
- Doctors and other health professionals do not receive adequate reimbursement for screenings.
- Non-mental health professionals who screen children need more information about the full array of mental health services and levels of care that are available in the community so they can recommend the most appropriate intervention. Specialized training would improve their ability to recognize warning signs of emotional, behavioral, and mental health difficulties and to provide appropriate guidance to families when serious problems are indicated.

“Our review...leads us to the united belief that America’s mental health service delivery system is in shambles... There are so many programs operating under such different rules that it is often impossible for families and consumers to find the care that they urgently need. The efforts of countless skilled and caring professionals are frustrated by the system’s fragmentation. As a result, too many Americans suffer needless disability and millions of dollars are spent unproductively in a dysfunctional service system that cannot deliver the treatments that work so well.”

Michael F. Hogan, Ph.D, Chair, President’s New Freedom Commission on Mental Health, 2002.

Barriers: Federal and State Policies

I. Lack of Early Detection and Early Intervention

- Program priorities and funding do not emphasize the value of early detection and intervention. As a result, emotional, behavioral, and mental health difficulties

often escalate and require more expensive services and supports.

- States too often view the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as a program separate from Medicaid, although legally that is not true. This creates a situation where all children are not screened through EPSDT despite their legal entitlement to these services.
- State flexibility to design CHIP programs means that there are no standard benefits packages. There is no guarantee that children will receive full developmental screens that include mental health, as required by EPSDT in the Medicaid program.
- There is inadequate data to monitor screens and assessments. Data are lacking in a number of areas: number of well-child visits; frequency of mental health screens; follow-up with assessments; and referrals for appropriate treatment. Other important data needed include meaningful indicators to track family satisfaction and the quality of assessments.

II. Lack of Follow-Up

- Contrary to federal law, children who receive EPSDT screens that indicate a need for treatment do not always get the required follow-up. Federal law requires states to provide all “medically necessary” treatment that is indicated by a child’s screen. Instead, states often limit treatment to services listed in their Medicaid state plans.

III. Lack of Coordination

- There is little coordination or integration between state Medicaid and state mental health systems.
- There is little coordination between mental health services for children and adults. This is especially a problem for adolescents who “age out” of children’s services, but still need treatment and support services from the adult mental health system.

Full citations are included in the Action Strategies and Resources Guide.

Barriers: Family Difficulties

I. Lack of Access

- Families face a host of problems when attempting to access any health service. They may have trouble getting adequate information if they cannot read or do not speak English as their primary language. They may have difficulty getting to the service location if transportation is not provided or public transportation is limited. They may have difficulty finding necessary child care for their other children.
- Some families are reluctant to discuss emotional or mental health issues. They may view these as very private matters that should not be discussed outside the family. The situation is exaggerated when parents do not have consistent access to the same health care provider with whom they can develop a relationship of trust.

II. Inadequate Follow-up

- Families report that even if they successfully enroll their child in Medicaid, they often do not get complete information about the full scope of mental health benefits available through EPSDT.
- When children are released from residential treatment settings, their families are often left scrambling to find appropriate community services and supports to help their reentry into family, school, and community life.

III. Fear of Losing Custody of Their Children

- Families have tremendous fear about losing custody of their children if they acknowledge any challenges in caring for them at home. Advocates estimate that one in five families who has a child with a mental disorder has surrendered custody in exchange for treatment or services. This situation reflects the inadequacy of public and private insurance to meet children's mental health needs. Limits on mental health coverage in private insurance plans mean that even middle-class families cannot afford long-term care for their children. Children who qualify for Medicaid often cannot get services because there are not enough providers who accept Medicaid. This creates pressure on families to relinquish custody of their children to the public child welfare agency because, under federal child welfare laws, most children in state care are automatically entitled to Medicaid and its comprehensive screening, assessment, and treatment benefits. The Bazelon Center for Mental Health Law, the National Alliance for the Mentally Ill, a number of state organizations, and most recently, the U.S. General Accounting Office (GAO) have documented the custody relinquishment problem across the country, and it has attracted national media attention.

GAO Reports that Parents and Caregivers Must Relinquish Custody to Obtain Mental Health Services for Their Children

The U.S. General Accounting Office (GAO), in April 2003, released a report, *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services*. It documents that the problem of parents having to relinquish custody of their children in order to obtain appropriate services for their mental health needs is extensive, affirming earlier findings by both the Bazelon Center for Mental Health Law and the National Alliance for the Mentally III. In some cases, the lack of available, appropriate, and affordable services for children leaves parents with no alternative but to place their children in the custody of the child welfare or juvenile justice system in order to get them the mental health treatment they need. Residential and other specialized out-of-home care can cost over \$250,000 a year for one child.

Based on interviews with child welfare directors in 19 states and juvenile justice officials in 30 counties, the GAO estimated that in fiscal year 2001, parents placed more than 12,700 children into the child welfare or juvenile justice system so that their children could receive treatment. Comprehensive national data on the number of children relinquished to these systems are not currently available, since many states and local jurisdictions do not track the number of children placed solely for the purpose of receiving mental health treatment. The GAO also heard from groups of officials that neither of these systems is designed to accommodate children who have not been abused or neglected or committed delinquent acts.

The GAO reported that parents have to turn to the child welfare or juvenile justice system because of the limitations of both public and private health insurance in covering comprehensive mental health treatment; the inadequate supply of appropriate mental health services; the limited availability of mental health services through schools; difficulty in meeting mental health service eligibility requirements; and lack of coordination among different child-serving agencies.

Barriers: Challenges in Serving Special Populations of Children

I. Diverse Cultural Views about Mental Illness

- Different racial and ethnic groups may have different views about disabilities and when it is necessary to seek professional help. Mental illness still carries a certain stigma in some cultures and may make families reluctant to seek help.

II. Lack of Access by Immigrant Children

- Families who come to live here from other countries may fear that getting mental health services through Medicaid or CHIP might jeopardize the family's ability to become citizens or to remain in the country.

III. Special Challenges for Teens

- Teens are especially sensitive to peer pressure. The stigma of “getting help” may make it very difficult for them to tell anyone how troubled they are. Sadly, some teens report that it is easier to admit substance abuse problems than mental health ones.
- Teens who want to get help often want assurances from their doctors about confidentiality. This is an age group that may not want their families to know that they sought help for mental health or drug or alcohol problems.

Full citations are included in the Action Strategies and Resources Guide.

- There are inadequate services and supports in most communities for adolescents, especially those making the transition from residential treatment.

IV. Children Who are Homeless

- Homelessness may be both a symptom and a cause of mental health problems. Regardless, children and families who are homeless often have very limited access to health or mental health services. It is not difficult to realize the impact on a child's mental health of having no home and facing tremendous daily stress.

V. Children in the Juvenile Justice System

- There is growing recognition about the increasing number of youths with mental health disorders who enter the juvenile justice system. Many also have co-occurring substance use disorders.
- Reports in recent years document that youth in the juvenile justice system receive inadequate, and often inappropriate, care and treatment.
- There is growing concern about an over-reliance on the juvenile justice system to provide mental health and substance abuse services to youth who might get more appropriate treatment in a community-based setting.

VI. Children in the Child Welfare System

- Emotional, behavioral, and mental health problems are particularly widespread among children in the child welfare system for a variety of complex family, social, and environmental reasons. These reasons include child abuse, drug exposure or drug use, teen pregnancy, school failure, family violence, and conduct disorders. Some parents may have mental health problems for

which they never received appropriate care. Children's experiences while in foster care, including frequent moves, may also exacerbate emotional problems.

- Approximately 60 percent of all children in out-of-home care have moderate to severe mental health problems. A substantial number of them have psychological problems so serious that they require residential placement. Yet, despite these needs, less than one-third of children in the child welfare system receive mental health services.

VII. Children Exposed to Violence in Their Homes, Communities, and through the Media

- Growing up in a violent home can affect all aspects of children's lives and development. It can make them less likely to succeed in school, more likely to commit and be victimized by violence, and more likely to face health and mental health problems that may last throughout their lives.
- Children growing up with domestic violence in the home may risk facing violence themselves. The overlap between domestic violence and child abuse is well-documented.
- Experts agree that children who see a lot of violence often show signs of increased stress and anxiety. Sometimes they also may show more aggressive behavior. They can benefit from mental health counseling to keep these concerns from escalating into more serious problems.

RESOURCES

ACTION STRATEGIES AND

GUIDE

Promoting Children's
Mental Health Screens
and Assessments

Children's Defense Fund
LEAVE NO CHILD BEHIND[®]



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ACTION STRATEGIES

Examining Children's Mental Health Screens and Assessments

This Action Strategies and Resources Guide, a part of the Children's Mental Health Resource Kit, is designed to help you promote access to and the availability of mental health screens and assessments for children in your state. Please review the fact sheets included in the resource kit to familiarize yourself with key facts and background information. Use the resources portion of this guide to find other materials and organizational support available on children's mental health. The action strategies offer you specific steps you can take to move this important agenda forward in concrete ways in your own state and community. They will help you examine what's currently available and to expand screens and assessments. We encourage you to use these action strategies with other individuals and organizations to build broad and powerful networks capable of improving children's access to mental health services.

The Children's Defense Fund developed these action strategies to help you begin to build support to increase your state's investment in children's mental health screens and assessments. Start by examining what is currently being done in your state. Collect information that will help build support for improvements in early detection, prevention, and prompt interventions for children with mental health needs.

The Action Strategies are as follows:

- #1. Determine the status of children's mental health advocacy in your state.
- #2: Collect basic data about mental health screens and assessments.
- #3: Collect data to show how the state allocates funds for children's mental health services.
- #4: Collect personal stories from families about their experiences trying to get mental health screens and assessments for their children.

Strategy #1: Determine the status of children's mental health advocacy in your state.

All states have active family groups that work to promote services and supports for children and youth with emotional, behavioral, or mental disorders and their families. Many of these family groups work in partnership with a variety of professional organizations and other advocates to promote children's mental health. Examples of information you want to know include:

- What family groups have organized to address state policies and procedures affecting children's mental health? See the resources and references section of this guide for contact information for the Federation of Families for Children's Mental Health, the National Mental Health Association, and the National Alliance for the Mentally Ill. You will also want to connect with other groups working on children's mental health issues.

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- Is there an existing coalition of families and professionals working to increase attention and funding for children's mental health screens and assessments? If a coalition does not exist in your area, consider organizing one. Helpful allies include pediatricians, child psychiatrists, school psychologists and nurses, social workers, law enforcement officials, educators, and other children's health advocates.
- Do your state or local elected or appointed officials have a special interest in children's mental health issues? Individuals who have someone in their immediate or extended family with mental health problems are often the most interested in improving policies and procedures that can increase access to services and supports for this group of children and families.

Strategy #2: Collect basic data about mental health screens and assessments.

You'll want to get basic data about screens and assessments along with relevant state policies and procedures.

Gather different types of information on children's mental health services and treatment

- Ask for program data, evaluations and audits.
- Get copies of any relevant state or local plans about mental health services and children's mental health services specifically.
- Ask for specific information about the children's mental health system such as waiting lists for services, descriptions of unmet needs, relevant litigation, or proposed administrative or legislative changes.

- Review formal recommendations from advisory groups or legislative committees for information about the status of children's mental health services in your state.

Check with the following to get the information:

- Start with the state Medicaid Director and/or Medicaid agency staff that work on children's services.
- Ask the State Mental Health Director. Most have one individual assigned to children's mental health.
- Check with appropriate individuals in the child welfare, early intervention and pre-school, education, and juvenile justice agencies. Ask the children's mental health contact who is the best source in each of those agencies. Given the multiple funding streams for children's mental health, all of these public agencies can help increase children's access to mental health screens and assessments.
- Check with the state Mental Health Advisory Council, children's advisory councils or children's mental health advocacy groups.
- Don't forget about the family groups. They often are most active on these issues and have collected useful information.

Ask questions about mental health screens and assessments

Be specific. Examples of questions include:

- Does the state have any written policies and procedures about children's mental health screenings? If so, request copies. These documents can provide basic information for you to monitor how well the state implements its own policies and procedures.

Examining Children’s Mental Health Screens and Assessments

- Does the state recommend a specific mental health screen for Medicaid providers to use? What is used? What, if anything, do they recommend for CHIP providers?
- For children enrolled in Medicaid managed care: Does the state Medicaid agency retain responsibility for children’s screenings or does the managed care company perform the screenings? Is this issue addressed in the managed care contract and, if so, how? If the managed care company is responsible, who monitors performance of its legal obligation to provide these screens?
- What data does the state collect about mental health screens performed by Medicaid providers? Does it show how many screens are performed? The frequency of screens for different age groups? What follow-up treatment resulted from the screens? You want all this information to monitor how the state provides the full range of EPSDT services—screens, diagnostic assessments, and treatment.
- Which public agencies conduct these screens and assessments? Request this information from Medicaid, child welfare, early intervention and pre-school, education, and juvenile justice agencies. Find out if any other agencies are also involved.
- How much does the state spend for residential care for children, both in and out of the state? How many children are in residential care each year, both in and out of the state?
- Is the state actively trying to bring children home from out-of-state residential placements? What steps is it taking to do so? What services and supports are now available for these children and their families?

Strategy #3: Collect data to show how the state allocates funds for children’s mental health services.

Most states allocate more funds for residential care of children with emotional, behavioral, or mental health disorders than for preventive services or for screens or assessments. Examples of questions to ask include:

- Does the state have any written policies and procedures about how it will allocate funds for children’s mental health services? These documents can provide basic information and help you to monitor how well the state implements its own policies and procedures.
- How much does the state spend on children’s mental health screens and assessments?

Strategy #4: Collect personal stories from families about their experiences trying to get mental health screens and assessments for their children.

At a time when budgets for human and social services are shrinking, it is more and more important that you have cost/benefit data. Although public officials need to have the dollars-and-cents data, do not overlook the power of families’ personal experiences. Tragically, the vast majority of families can back up the public policy argument that “you pay now or you pay more later,” because when they were unable to get services for their children at an earlier time, the situation only continued to get worse. The real life stories of children and families are very compelling. Whenever possible, show how the combination of data and personal anecdotes supports the policy solutions you propose.

Keep family stories focused, short and simple. They should state the facts and not place any blame. Be sure to include policy solutions for any problem described and explain how the policy change would

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produce better outcomes for the children and families. It is helpful to collect a diverse group of family stories featuring children of all ages (infants, pre-school, school age and adolescent); foster children; and kinship care families where grandparents or other relatives are raising children.

This resource kit focuses on the need to improve access to mental health screens and assessments through Medicaid and CHIP so children will be more likely to receive appropriate treatment. To help make the case for such improvements, document families' experiences in the following areas:

- Do families get Medicaid information that describes the full range of mental health services that are available? What do they get from CHIP about mental health services?
- If children qualify for Medicaid, are families told that a mental health screen is available and where to get it? How many children got their mental health screen and how often? What happened to children who got no screens?
- If children qualify for CHIP, are families offered a mental health screen? How many children got a mental health screen and how often through CHIP? What happened to children who got no screens?
- Did children receive any initial mental health screening when their problems first became evident? If not, did their mental health problems become more serious?
- Did children receive any assessment for specific treatment or services if their mental health screening indicated there was a problem to address? If not, did their mental health problems become even more serious?
- Was mental health treatment provided to children whose screens indicated the need for it? What treatment was offered? Was it home or community-based? Was it residential care only? Was the residential treatment offered in or out of state? Were parents told to go to the child welfare system for help?





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Expanding Children's Mental Health Screens and Assessments

Once you have taken steps to examine children's mental health screens and assessments in your state, you can then take further steps to expand children's access to mental health screens and assessments. We describe five action strategies. Each strategy has several steps to consider. You may decide to pursue one or more strategies at the same time or sequentially because they require different amounts of time to plan and implement. The action strategies are as follows:

- #1. Educate families, policymakers, and the public about the need to address children's mental health problems as early as possible.
- #2. Promote the availability and use of screening tools in settings where children and families already receive services.
- #3. Encourage prevention and early intervention services.
- #4. Expand delivery models for mental health screens and assessments.
- #5. Organize advocacy and monitoring to expand access to mental health screens and assessments.

In addition to considering these strategies, be sure to check the resources and references section of this guide for specific references to organizations, reports, and articles that can help you develop an agenda to expand access to mental health screens and assessments for children.

Strategy #1: Educate families, policymakers, and the public about the need to address children's mental health problems as early as possible.

Despite frequent media attention to children's increasing mental health needs, there is still an appalling lack of knowledge about the scope of these problems and the long-term serious consequences for children, their families, and communities when they are not addressed. At the local and state levels, it is important to increase awareness about the profound long-term effects of unrecognized and untreated emotional, behavioral, and mental disorders on children's development, their family and social life, their ability to learn, and even their ability to lead productive adult lives. A huge part of the public education effort must focus on decreasing the stigma of mental problems so that children and families will seek help as early as possible.

Organize Anti-Stigma Campaigns

Consider working with others to organize an anti-stigma campaign in your community or state. The "Caring for Every Child's Mental Health" campaign is funded by the federal Center for Mental Health Services. It is a national public information and education campaign to increase public awareness about children's emotional, behavioral, and mental health problems and to reduce the stigma associated with them. Designed to help families, educators, health care providers, and young people, the campaign encourages early, appropriate treatment and services. See the resources and references section of this guide for the Center's Web site, where you can download an order form for its extensive collection of products,

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including brochures, fact sheets, videos, bookmarks, print public service announcements, posters, and other materials. You can order these products in quantities, and Spanish-language campaign products are also available.

Promote Local and State Public Education Efforts

Several national organizations can help you organize local and state public education efforts. Choose a segment of your community to educate. You may want to begin by focusing on one agency, such as early childhood providers, the schools, or your child welfare or juvenile justice agency. The Federation of Families for Children's Mental Health, National Alliance for the Mentally Ill, and National Mental Health Association all have wonderful local and state contacts. See the resources and references section of this guide for the national contact information for these organizations.

Prepare State and Media Reports on Children's Mental Health

Some children's organizations are trying to increase public awareness about the inadequacy of children's mental health services in their states. These efforts are designed to educate the public, elected officials, and policymakers about effective strategies that may already exist in their states or ones to consider implementing. Broader children's advocacy groups are getting involved because, even if they have not traditionally focused on mental health issues, they want to ensure access to all EPSDT services (including screens) and highlight the effectiveness of early identification and early intervention strategies. Examples of recent state reports include:

- *Children's Mental Health Services in Rhode Island: An Issue Brief*. Rhode Island KIDS COUNT, October 2002. See www.rikidscount.org.

- *Relinquishing Custody: An Act of Desperation*. Maryland Coalition of Families for Children's Mental Health, September 2002. See www.mdcoalition.org.
- *Speak Out for Access: The Experiences of Massachusetts Families in Obtaining Mental Health Care for their Children*. Health Care for All and the Parent Professional Advocacy League, November 2002. See www.hcfama.org and click on "Children's Division" and then "Children's Mental Health."

In the last several years, the general media has also focused attention on the unmet mental health problems of children and the need to address them. Mainstream weekly news magazines and daily newspapers have highlighted teen suicide and depression in children as well as other related topics. Two outstanding examples include:

- *Time* magazine, "Custody or Mental Health?" highlights what families face when forced to relinquish custody of their children to state child welfare systems so they can get the mental health services they need. See www.time.com, October 22, 2002 issue.
- *Herald News*, Portland, Maine, "Castaway Children: Maine's Most Vulnerable Kids," August 18-20, 2002. A three-part newspaper series highlighting the tremendous difficulties faced by Maine families who try to get mental health care for their children. Includes very useful charts and statistics that make a compelling case about how to redirect resources for more home and community-based care. Available at www.pressherald.com/news/children.

You might also use the April 2003 U.S. General Accounting Office report, *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed*

Expanding Children’s Mental Health Screens and Assessments

Solely to Obtain Mental Health Services, to generate interest in your own state about parents having to relinquish custody to get treatment for their children’s unmet mental health needs. See “Barriers” fact sheet in this kit for a summary of the report.

Strategy #2: Promote the availability and use of screening tools in settings where children and families already receive services.

There are certain basic questions about mental health screens that can guide your efforts to explore what now exists in your state and how to improve access to screens. Consider questions like the following:

- What screening instrument is appropriate?
- How often are screens offered?
- Who administers them?
- Where are children screened?
- Is it part of a more comprehensive screen or a specialized mental health screen?
- What is the cost and who will pay for it?
- What background information is needed from children’s parents or caregivers?
- Who gets the results of the screens?
- What is done to help ensure that the instruments are culturally appropriate?
- What is done to ensure screens lead to more comprehensive assessments and then to treatment?

Types of Screens

To fulfill their EPSDT obligations, some states use one screen to ask both physical and mental health questions. Other states use specialized screens with only mental health questions. Other screening instruments have “prompts” that allow screeners to probe about possible mental health problems. We discuss options

for states to consider in the fact sheet, “What Do We Know about Children’s Mental Health Screens and Assessments?” There, we also review the Bazelon Center for Mental Health Law’s survey of state EPSDT screens. The survey showed that almost half of the states had no separate mental health screening tool nor any specific mental health questions or prompts in a comprehensive screen.

Personnel and Locations for Mental Health Screens

Some researchers have explored appropriate developmental assessments that include mental health screens for special populations of children. In recent work, both the National Center for Children in Poverty and the Georgetown University Center for Child and Human Development addressed the need for appropriate screens and assessments for very young children and those in foster care, respectively, but their findings are relevant for most children who show signs of emotional, behavioral, or developmental difficulties.

Building upon their recommendations, you might want to consider the following suggestions:

- Expand the range of professionals who provide mental health screens. For example, place clinical social workers in pediatric care settings.
- Use locations for screenings that are not threatening for children and families. Examples of locations to consider include: child care programs; pre-schools and schools; community-based provider networks and agencies; and school or community health clinics, especially for teens who are particularly aware of peer pressure. See further discussion about school-based health clinics on page 13.

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- Train a wider group of professionals to recognize early signs of mental health problems so they can make appropriate referrals for formal assessments. For example, child welfare and early intervention professionals.

The U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, funded the development of *Bright Futures in Practice: Mental Health Practice Guide, Volumes I and II*. These guidelines, supported by more than 50 national organizations, are written for primary care health professionals and families. They consider mental health in a developmental context and emphasize the importance of early recognition and intervention. The first volume is a practice guide that discusses the need to identify emotional, behavioral, or substance use problems or disorders as early as possible and to provide appropriate intervention. *Bright Futures* provides a framework to develop and implement mental health promotion programs in a variety of settings such as primary care clinics, infant mental health programs, child care centers, school-based health centers, training programs, and parent education programs.

The second volume is a tool kit with separate sections for health professionals and families. The section for health professionals includes a recommended Pediatric Intake Form, Pediatric Symptom Checklist, and checklists for different age groups. In addition, there are guidelines for specific developmental events and mental disorders. The section for families includes suggestions about how to communicate with children and how to function effectively as a parent. To access the *Bright Futures* materials, go to the Web site of the National Center for Education in Maternal and Child Health listed in the resources and references section or through the Web site www.brightfutures.org.

Federal Waivers

If you begin discussions with state officials about how to provide more screens through the CHIP program, one option may be to request a federal waiver to do so.

The U.S. Department of Health and Human Services gave Minnesota permission to use its federal CHIP funds for four children's health initiatives, including two that focus on mental health screens. This waiver allows Minnesota to use federal dollars to match state money that was funding certain children's health programs. Minnesota received permission to draw \$2.5 million out of its CHIP funds, based on current state spending for these programs, to deposit into its Health Care Access Fund. One of its mental health programs provides grants to counties to provide mental health screenings for homeless children. The second one gives grants to community groups to screen children in the court system for mental health and drug dependency needs.

Managed Care Contracts

If your state has a Medicaid managed care plan, meaning the state pays a fixed fee (called a "capitated" rate) for the bundle of services to be provided to a patient, find out how EPSDT is administered. Children in Medicaid managed care plans are still legally entitled to receive all EPSDT services, including a full developmental screen, despite the fixed fee the managed care plan receives.

- First, review the contract language regarding EPSDT used by your state Medicaid agency for its managed care plan. Sometimes the Medicaid agency retains responsibility for EPSDT services, but more likely it is part of the contract with the managed care company or plan(s). Check the contract language to make sure that full EPSDT services are required.

Expanding Children’s Mental Health Screens and Assessments

- Second, determine if children in managed care are getting their EPSDT screens. If your state-managed care plan is “capitated” (a fixed fee per person), it may be very difficult to find out what specific services individuals use. However, states can require managed care plans to collect and report these data separately. You need the service utilization numbers (often called “encounter data”), but you should be able to tell if children are receiving screens.

The Center for Health Services, Research and Policy, at George Washington University, has useful information about Medicaid managed care contracts and different arrangements that states use. See the resources and references section of this guide for contact information.

Strategy #3: Encourage prevention and early intervention services.

There is growing consensus about the critical importance of a child’s earliest emotional development and its impact on his or her later years. These connections are explored in a report from the Institute of Medicine/ National Research Council, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (2000). The report makes a compelling case to identify and provide appropriate early intervention services for children who demonstrate emotional and behavioral problems at a very young age. Around the country, states and local communities are recognizing that they must respond more quickly to the mental health needs of very young children and their families.

Innovative Policy Approaches and Financing Options to Promote the Emotional Well-Being of Children and Families

The National Center for Children in Poverty (NCCP) has released four short papers in a publication series entitled, *Promoting the Emotional Well-Being of Children and Families*. These policy papers bring attention to the mental health needs of children and families and examine effective strategies and public policies to promote the emotional health of this population. The series identifies the children and families in need of services, the reasons why policy makers should invest in improving social and emotional health in young children, and sets forth a framework for community and state action. The papers focus on the particular need for early intervention in various sub-sets of children, categorized by age, placement, and risk factors. The series devotes one paper to the particular challenges facing children in foster care, and another to children at-risk between the ages of three and five. Each paper in the series employs research to support its findings and provides examples of promising strategies that promote the healthy emotional development of these children.

The most recent paper in the series, *Policy Paper #4: Making Dollars Follow Sense: Financing Early Childhood Mental Health Services to Promote Healthy Social and Emotional Development in Young Children*, highlights innovative approaches to finance preventive and early intervention services and traditional treatment services for young children’s mental health. It describes specific programs, financing options, administrative structures, and common challenges and solutions to develop early childhood mental health services. See the resources and references section of this guide for ordering information.

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Build State Medicaid Capacity to Provide Child Development Services

The Assuring Better Child Health and Development (ABCD) Program was organized to strengthen the capacity of the health care system to meet the early developmental needs of children from low-income families. As part of the ABCD Program, the National Academy for State Health Policy (NASHP) was asked by the Commonwealth Foundation to work with Medicaid agencies in North Carolina, Utah, Vermont, and Washington to help expand early child health and development services, including developmental screening.

The report *Early Findings from the ABCD Consortium*, found at www.nashp.org, discusses each site's experience trying to improve developmental screens for infants and toddlers. All four sites acknowledged screening as a critical part of early child health services, but they all tried different approaches to encourage it for Medicaid-eligible children. The report has more details, but a quick snapshot tells you the following:

- North Carolina: Incorporated the Ages and Stages Questionnaire (ASQ), which is a low-cost reliable way to screen infants and young children for developmental delays during the first five years of life.
- Utah: Developed its own assessment of social and environmental factors affecting the family, but decided to incorporate the ASQ in the future.
- Vermont: Focused on improving skills of pediatric providers to address needs of this young population and trained a limited number of them to use Dr. T. Berry Brazelton's Neonatal Behavioral Assessment Scale for developmental screening.

- Washington: Promoted use of the EPSDT charting tool developed by its own Medicaid agency to improve the percentage of children receiving developmental screens and encouraged use of the Bright Futures guidelines.

Strategy #4: Expand delivery models for mental health screens and assessments.

Increase Consultations between Primary Care/Pediatric Services and Child Psychiatrists

The Vermont Medicaid program initiated a pilot to increase access to child and adolescent psychiatric consultation with input from child psychiatrists, pediatricians, and state agency officials. The pilot pays for a comprehensive child and adolescent psychiatric consultation for pediatricians who want to make referrals. It includes, on average, two hours of face-to-face evaluation time for a child and two telephone consults between the psychiatrist and pediatrician. The initial target population is children under age seven who may need psychotropic medication.

The program is now working to expand the pool of referring pediatricians, add sites, and add other target populations of children. Initial feedback indicates that all children referred for the psychiatric consultation returned to their primary care physicians for on-going follow-up treatment and services. For more information, contact the American Academy of Child and Adolescent Psychiatry, Department of Government Affairs, listed in the resources and references section of this guide.

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Increase Capacity of Health Care Professionals to Provide Mental Health Services

The North Carolina chapter of the American Academy of Pediatrics organized a Task Force on Mental Health Care Access and Reimbursement to address concerns in these areas and to develop an appropriate role for pediatricians to provide and coordinate behavioral health care. The Task Force, along with mental health advocacy groups, worked with the state Medicaid agency to improve access to mental health services for children. Among its successful outcomes were: obtaining reimbursement for up to six visits to a mental health/substance abuse provider without assigning a diagnosis; allowing primary care provider referrals for up to 26 annual mental health visits for children under age 21; and expanding Medicaid reimbursements to allow independently practicing licensed clinical social workers, licensed psychologists, and advanced practice nurses to bill for mental health services provided in their offices.

Background on reimbursement and coordination are found at www.ncpeds.org/guidelines.htm. See the resources and references section of this guide for the article about the Task Force that appeared in *Pediatrics* magazine.

Expand School-Based Health Centers (SBHC)

School-based health centers often provide comprehensive medical and mental health screening and treatment for students. Centers are designed to overcome barriers frequently cited by young people as reasons why they do not seek health care. These barriers include: concerns about confidentiality; fears that insurers will notify

parents; discomfort discussing personal health problems; cost; and lack of transportation. Many SBHC offer counseling and mental health services, such as crisis intervention, comprehensive evaluation, preventive mental health programs and individual treatment. Students and parents report satisfaction with school-based clinics. A number of professional organizations recognize the unique role these clinics can play to meet the health care needs of teens, including the American Medical Association, American Academy of Pediatrics, Society for Adolescent Medicine, and National Association of State Boards of Education.

See the resources and references section of this guide for information about three organizations that can offer valuable assistance:

- The Center for Health and Health Care in Schools: Promotes expanding school-based health clinics and access to mental health services in them.
- The Center for Mental Health in Schools, University of California at Los Angeles: Provides information about children's mental health and psychosocial concerns and evaluates school-based mental health initiatives.
- The Center for School Mental Health Assistance, University of Maryland: Supports mental health providers and school-based mental health initiatives.

ACTION STRATEGIES

Strategy #5: Organize advocacy and monitoring to expand access to mental health screens and assessments and necessary follow-up services and supports for children with mental and behavioral problems and their families.

Legislative Advocacy

Sometimes legislative advocacy can create mechanisms needed to expand access to children's mental health screens, assessments, and services. Some examples illustrate the range of legislation that states could consider:

Public Education

Direct appropriate state and citizen commissions to increase public awareness about the need for families to seek help early when their children show signs of mental problems and to educate families about where help is available.

Direct your state's Medical Assistance Advisory Committee to recommend strategies to increase use of Medicaid to meet children's mental health needs.

Screens and Assessments

Direct your state Medicaid agency to consult with all appropriate professional organizations to adopt a standard mental health screen to use in the state for all children eligible for EPSDT and CHIP.

Require state agencies serving children in the juvenile justice and child welfare systems to provide age-appropriate mental health screens and assessments for all children when they enter their care.

Payment and Financing

Request that your governor or legislature convene a state panel to develop a standard payment rate for mental health services provided to children under state contracts.

Allow Medicaid reimbursement for EPSDT screening services provided by licensed counselors, social workers, and other appropriate non-physician professionals.

Require your Department of Mental Health to explore the feasibility of applying for a federal Medicaid waiver to increase the availability of home and community-based services for children with mental health disorders and their families.

Legal Advocacy

Litigation can be an effective avenue to ensure access to the legal entitlements of EPSDT. Advocates have filed lawsuits about various aspects of EPSDT, including some that have focused on mental health issues. Claims have alleged a number of violations of federal law such as: the failure to provide screening and diagnostic services; the failure to provide sufficient and timely medical and developmental health services; the failure to provide a full range of mental health services in appropriate care settings (especially home and community-based services); and the failure to provide equality of services between children with physical and mental health needs and between children with mental illness and those with mental retardation.

While litigation remains an option to consider, it is one that requires careful consideration. Over the past ten years, access to federal courts has grown more complicated. As a result, substantive claims like those raised in the litigation above are not often addressed because of procedural concerns, such as whether the court has jurisdiction to hear the case. The court may ignore substantive claims for long periods of time while the parties attempt to resolve procedural issues.

Expanding Children’s Mental Health Screens and Assessments

For the most up-to-date information about EPSDT lawsuits, check the National Health Law Program’s EPSDT publication, *Toward A Healthy Future*. See the resources and references section of this guide for ordering information.

Monitoring

Ongoing monitoring is essential to ensure screening and assessment is in place and leads to appropriate treatment. The Connecticut General Assembly created the Children’s Health Council in 1995 to ensure that all Connecticut children have access to health care services through the HUSKY program, its low-cost or free health insurance program for children that includes both Medicaid and CHIP. The Council also seeks to ensure that all children enrolled in HUSKY receive regular well-child care and all other necessary health care services—including age-appropriate screens and assessments.

Council members represent a diverse range of stakeholders including representatives from health and social service agencies, the legislature, community and professional organizations, health plans and advocacy groups. Among its functions, the Council works to ensure both accountability and access in the HUSKY program. For example, it tracks the number of children who receive specific types of mandated services. It provides community outreach workers to help families complete applications, resolve paperwork and enrollment problems, and learn how to access the health services they are entitled to receive. The Council also collaborates with state agencies to share data that can be used to evaluate and improve health care for children in state custody, children with special needs, and children at risk for lead poisoning.

The Council receives funding from the Department of Social Services and the Robert Wood Johnson Foundation’s Covering Kids and Families Program. Although considered a model program and highly touted for its significance, the Council’s continuation is now in jeopardy due to state budget cuts.

Conclusion

The Children’s Defense Fund hopes that implementing these action strategies in your state will help expand access to and the availability of effective mental health screening and assessment procedures for children. This is a vital first step to chart a course toward appropriate mental health treatment for children of all ages. Improvements in children’s mental health will help children enter school ready to learn, perform at their full potential, and make a successful transition to adulthood. Medicaid, and CHIP in some states, offer the opportunity to get appropriate screens and assessments for many children. However, targeted and sustained advocacy is necessary to help these programs realize their potential for children. We look forward to hearing about new allies in your states as you join hands with individuals and organizations in this important endeavor. Please keep us posted about new strategies you find useful and the advances you make for children and adolescents with mental health problems. Good luck!







RESOURCES AND REFERENCES

Getting More Information

This section lists national organizations and government agencies, as well as selected articles and reports, that we hope will be useful as you work to improve access to mental health screenings and assessments for children. The resource kit builds upon the very important work done by many of the organizations listed below. We cite their valuable work throughout the resource kit.

National Organizations

American Academy of Pediatrics (AAP)

141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
847-434-4000
847-434-8000 (FAX)

or

Department of Federal Affairs
601 13th Street, NW
Suite 400 North
Washington, DC 20005
202-347-8600
202-393-6137 (FAX)
www.aap.org

For specific e-mail inquiries, see the directory at <http://www.aap.org/visit/contact.htm>

Addresses needs of children and their families through advocacy, education, and research to improve the systems through which its members deliver pediatric care. AAP also publishes “Recommendations for Preventive Health Care,” which specifies a schedule for regular screenings and developmental assessments. AAP has a number of departments, divisions, and programs to address specific issues. Their Web site offers general information for parents of children from birth through age 21 and also for clinicians.

American Academy of Child and Adolescent Psychiatry (AACAP)

3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202-966-7300
202-966-2891 (FAX)
www.aacap.org

Addresses concerns about health care and socio-economic issues affecting children to improve and expand psychiatric services for them. AACAP offers public information, in both English and Spanish, for families and physicians on many mental health topics on its Web site, and provides recognized professionals as spokespersons. Contact the AACAP Executive Office for organizations or the Department of Government Affairs for legislative or related issues. AACAP provides practice parameters for children of all ages. AACAP also is working with the Child Welfare League of America on a special initiative to improve the mental health and substance abuse services provided to children in foster care.

RESOURCES AND REFERENCES

The Judge David L. Bazelon Center for Mental Health Law (Bazelon Center)

1101 Fifteenth Street NW, Suite 1212
Washington, DC 20005-5002
202-467-5730
202-223-0409 (FAX)
www.bazelon.org
E-mail for publications: pubs@bazelon.org

Promotes the rights of people with mental disabilities. The Center produces many publications that analyze and interpret federal laws and policies affecting access to services for adults and children with mental disabilities. In 2000-2001, it conducted a study of state Medicaid policies on mental health and substance abuse screening of children and adolescents. Results of the study are reported in "Behavioral Health Screening Policies in Medicaid Programs Nationwide," R.M. Semansky, C. Koyanagi, and R. Vandivort-Warren, *Psychiatric Services*, May 2003, 54:5, 736-739. See also *Avoiding Cruel Choices*, the Bazelon Center's guide for policymakers and family organizations on Medicaid's role in preventing custody relinquishment. For additional information on this topic, see *Staying Together: Preventing Custody Relinquishment for Children's Access to Mental Health Services* (1999), a publication released jointly with the Federation of Families for Children's Mental Health.

Center for Health and Health Care in Schools

1350 Connecticut Avenue, Suite 505
Washington, DC 20036
202-466-3396
202-466-3467 (FAX)
<http://www.healthinschools.org>

Promotes health services in schools. Its priorities include increasing collaboration with Medicaid and CHIP for school-based prevention and service programs and increasing access to mental health services through school-based health clinics. It is supported by The Robert Wood Johnson Foundation. On its Web site, click on "Dental and Mental Health Services" for

useful background information, resources, and financing options.

Center for Health Services, Research and Policy

The George Washington University
School of Public Health and Health Services
2021 K Street NW, Suite 800
Washington, DC 20006
202-296-6922
202-296-0025 (FAX)
www.gwhealthpolicy.org
E-mail: info@gwhealthpolicy.org

Works to improve access to quality, affordable health care by providing information to policymakers, public officials, and advocates. It is known for its work analyzing developments in Medicaid and CHIP and the impact of these programs on health care access, quality, and financing. The Web site has many useful publications, especially regarding Medicaid managed care.

Center for Mental Health in Schools (School Mental Health Project)

University of California at Los Angeles (UCLA)
Department of Psychology
P.O. Box 951563
Los Angeles, CA 90095-1563
310-825-3634
310-206-8716 (FAX)
E-mail: smhp@ucla.edu
<http://smhp.psych.ucla.edu>

Works to increase resources to improve mental health in schools; the capacity of systems and personnel; and the role of schools to address children's mental health, psychosocial and related health concerns. It offers technical assistance on-line and through personal requests. The Center, and its sister group described below, are supported by the Office of Adolescent Health, Maternal and Child Health Bureau in the Health Resources and Services Administration and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

RESOURCES AND REFERENCES

Center for School Mental Health Assistance (CSMHA)

University of Maryland, Baltimore

Department of Psychiatry

680 W. Lexington Street, 10th Floor
Baltimore, MD 21201-1570
410-706-0980 or 1-888-706-0980 (toll-free)
410-706-0984 (FAX)
E-mail: csmha@psych.umaryland.edu
<http://csmha.umaryland.edu/>

Helps develop and promote interdisciplinary school-based mental health programs. The Center provides technical assistance and training for schools and communities that want to develop accessible, family-centered, culturally sensitive programs that are responsive to local needs. The Center is supported by the same federal agencies as described above for its sister group, the Center for Mental Health in Schools.

Child Welfare League of America (CWLA)

440 First Street NW, Third Floor
Washington, DC 20001-2085
202-638-2952
202-638-4004 (FAX)
www.cwla.org

Offers resources and information on issues affecting children and families served by public and private child welfare agencies. Its Behavioral Health Division helps agencies address these particular needs of children and their families. CWLA is working with AACAP on a special initiative to improve the mental health and substance abuse services provided to children in foster care.

Federation of Families for Children's Mental Health (FFCMH)

1101 King Street, Suite 420
Alexandria, VA 22314
703-684-7710
703-836-1040 (FAX)
www.ffcmh.org
E-mail: ffcmh@ffcmh.org

Addresses the complex needs of children and youth with emotional, behavioral, or mental disorders and their families. It's a national family-run organization with state organizations and chapters across the country. See their Web site for local contact numbers and to learn more about their support activities for children and families and their state advocacy and public education work. From the Web site, you can also download the excellent publication, *Blamed and Ashamed: The Treatment Experiences of Youth with Co-Occurring Substance Abuse and Mental Health Disorders and Their Families*. For information on custody relinquishment, see *Staying Together: Preventing Custody Relinquishment for Children's Access to Mental Health Services* (1999), a publication released jointly with The Judge David L. Bazelon Center for Mental Health Law.

Georgetown University Center for Child and Human Development

3307 M Street NW, Suite 401
Washington, DC 20007
202-687-5000
202-687-8899 (FAX)
<http://gucdc.georgetown.edu>

Works on issues related to children's health, mental health, early intervention, and foster care. To read the two publications, *Meeting the Health Care Needs of Children in the Foster Care System: Summary of State and Community Efforts—Key Findings* (Jan McCarthy), and *Meeting the Health Care Needs of Children in the Foster Care System: Strategies for Implementation* (Maria Woolverton), go to <http://gucdc.georgetown.edu/foster.html>. These reports describe what communities and states can do to provide developmental and mental health screenings, assessments, and treatment for foster care children, but their recommendations apply beyond that group.

RESOURCES AND REFERENCES

National Academy for State Health Policy

50 Monument Square, Suite 502
Portland, ME 04101
207-874-6524
207-874-6527 (FAX)
www.nashp.org
E-mail: info@nashp.org

Coordinates an early childhood development program through four state Medicaid programs. See the Web site for their report, *Early Findings from the ABCD Consortium*, discussing ways to increase access to developmental screens for Medicaid-eligible infants and toddlers.

National Alliance for the Mentally Ill (NAMI)

Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201
703-524-7600
NAMI Helpline: 1-800-950-6264
www.nami.org

Works to improve the lives of persons with severe mental illnesses including schizophrenia, bipolar disorder (manic-depressive illness), major depression, obsessive-compulsive disorder, and severe anxiety disorders. It's a national grassroots advocacy organization with local affiliates across the country that sponsor support groups for individuals and their family members. Some larger affiliates have an advocacy and education agenda. NAMI issued a report on custody relinquishment titled, *Families on the Brink: The Impact of Ignoring Children with Serious Mental Illness* (1999).

National Association of State Mental Health Program Directors (NASMHPD)

66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
703-739-9333
703-548-9517 (FAX)
www.nasmhpd.org

Represents the interests of State Mental Health Authorities and their directors at the national level. Association staff members have information about national, state, county, and local issues relating to mental health services. Check their Web site for the staff members designated to represent their states in the Association's Children, Youth & Families Division.

National Center for Children in Poverty (NCCP)

Mailman School of Public Health, Columbia University
215 W. 125th Street, Third Floor
New York, NY 10027
646-284-9600
646-284-9623 (FAX)
www.nccp.org
E-mail: info@nccp.org

Identifies and promotes strategies that prevent child poverty in the United States and improve the lives of low-income children and their families. It emphasizes preventing or alleviating poverty among children under age six because of the particularly serious risks to children's healthy growth and development during those years. The Center has done extensive work to address the social and emotional needs of young children and has a number of useful publications listed on its Web site. The policy paper series entitled, *Promoting the Emotional Well-Being of Children and Families*, includes *Policy Paper #4: Making Dollars Follow Sense: Financing Early Childhood Mental Health Services to Promote Healthy Social and Emotional Development in Young Children*, which describes innovative ways to finance preventive and early intervention services and traditional treatment services for young children's mental health. Other titles in the series are: *Policy Paper #1: Building Services and Systems to Support the Healthy Emotional Development of Young Children: An Action Guide for Policy Makers*; *Policy Paper #2: Improving the Odds for the Healthy Development of Young Children in Foster Care*; and *Policy Paper #3: Ready to Enter: What Research Tells Policymakers About Strategies to Promote Social and Emotional School Readiness Among Three- and Four-Year-Old Children*.

RESOURCES AND REFERENCES

National Center for Education in Maternal and Child Health (NCEMCH)

Georgetown University
Box 571272
Washington, DC 20057-1272
202-784-9770
202-784-9777 (FAX)
www.ncemch.org

The National Center for Education in Maternal and Child Health provides national leadership to the maternal and child health community in three key areas—program development, education, and state-of-the-art knowledge—to improve the health and well-being of the nation’s children and families. The *Bright Futures in Practice: Mental Health Practice Guide, Volumes I and II*, can be accessed through the NCEMCH Web site or by going to www.brightfutures.org.

National Center for Mental Health and Juvenile Justice (NCMHJJ)

Policy Research Associates
345 Delaware Avenue
Delmar, NY 12054
1-866-962-6455 (toll free)
518-439-7612 (FAX)
www.ncmhjj.com
E-mail: ncmhjj@prainc.com

Promotes awareness about the mental health needs of youth in the juvenile justice system and works to improve policies and programs based on the best available research and practice. The center has major support from the John D. and Catherine T. MacArthur Foundation and the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

National GAINS Center for People with Co-Occurring Disorders in the Justice System (GAINS Center)

Policy Research Associates
345 Delaware Avenue
Delmar, NY 12054
1-800-311-4246
518-439-7612 (FAX)
www.gainsctr.com
E-mail: gains@prainc.com

Serves as a national center to collect and disseminate information about effective services for adults and juveniles with co-occurring disorders who have contact with the justice system. Funded by the federal Substance Abuse and Mental Health Services Administration.

National Health Law Program (NHeLP)

2639 South La Cienega Boulevard
Los Angeles, CA 90034-2675
310-204-6010
310-204-0891 (FAX)
www.healthlaw.org
E-mail: nhelp@healthlaw.org

Works to improve health care for America’s working and unemployed poor, minorities, the elderly, and people with disabilities. Provides back-up and technical assistance to legal services programs, community-based organizations, the private bar, providers, and individuals who represent low-income people. In April 2003, NHeLP published *Toward A Healthy Future: Medicaid Early and Periodic Screening, Diagnostic and Treatment Services for Children and Youth*, which includes annotations on EPSDT cases.

RESOURCES AND REFERENCES

National Mental Health Association (NMHA)

2001 N. Beauregard Street, 12th Floor
Alexandria, VA 22311
703-684-7722
703-684-5968 (FAX)
Mental Health Information Center: 1-800-969-6642
(Mon.-Fri., 9-5 EST)
www.nmha.org

Works to improve the mental health of all Americans through advocacy, education, research, and service. It runs a Mental Health Information Center and provides pamphlets on many topics, including children's mental health.

Government Agencies

Center for Mental Health Services (CMHS)

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
P.O. Box 42557
Washington, DC 20015
www.mentalhealth.org/cmhs
National Mental Health Information Center:
1-800-789-2647

Leads federal efforts to help states improve and increase the quality and range of their treatment, rehabilitation, and support services for people with mental illness, their families, and communities. It runs a National Mental Health Information Center that provides linkages and referrals to consumer and family advocacy organizations; federal, state, and local mental health agencies; and other resources. The Child, Adolescent and Family Branch funds state and local service programs, statewide family networks, and a national anti-stigma campaign, the "Caring for Every Child's Mental Health" campaign. Go to <http://www.mentalhealth.org/publications/allpubs/CA-0000/orderform.pdf> to get an order form.

National Institute of Mental Health (NIMH)

NIMH Public Inquiries
6001 Executive Boulevard, Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
301-443-4513
301-443-4279 (FAX)
www.nimh.nih.gov
E-mail: nimhinfo@nih.gov

Leads the federal government's effort to conduct research about mental illness. It has many useful reports available through its Web site.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

U.S. Department of Justice
810 Seventh Street, NW
Washington, DC 20531
202-307-5911
202-307-2093 (FAX)
www.ojjdp.ncjrs.org
Askjj@ncjrs.org

Juvenile Justice Clearinghouse

P.O. Box 6000
Rockville, MD 20849-6000
1-800-638-8736
301-519-5212 (FAX)
askjj@ncjrs.org

Provides national coordination and resources to prevent and respond to juvenile delinquency and victimization. It supports states and local communities in their efforts to develop and implement effective and coordinated prevention and intervention programs and to improve the juvenile justice system. Its Web site offers useful information and links to relevant state and national resources.

RESOURCES AND REFERENCES

President's New Freedom Commission on Mental Health

www.mentalhealthcommission.gov

Began work in April 2002 to recommend improvements in the mental health service system for adults with serious mental illness and children with serious emotional disturbances. The Commission's final report is due in May 2003. It will be available, along with the Commission's minutes, other reports and testimony, on its Web site.

Additional Articles, Reports & Reference Materials

Pediatrics, Volume 110, Number 6, December 2002, pp. 1232-1237, "Working to Improve Mental Health Services: The North Carolina Advocacy Effort."

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Bright Futures in Practice: Mental Health Practice Guide, Volumes I and II*, 2002. Available at www.brightfutures.org/mentalhealth/index.html.

U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

U.S. Department of Health and Human Services. *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. U.S. Public Health Service, 2000.

U.S. Department of Health and Human Services. *Mental Health: Culture, Race and Ethnicity*. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 2001.

U.S. Department of Health and Human Services. *Youth Violence: A Report of the Surgeon General*. U.S. Public Health Service, 2001.

U.S. General Accounting Office. *Medicaid: Stronger Efforts Needed to Ensure Children's Access to Health Screening Services*. GAO-01-749, July 2001. See Appendix II for examples of promising EPSDT practices adopted by states as a result of legal settlement agreements. Available at www.gao.gov.

U.S. General Accounting Office. *Medicaid and SCHIP: States Use Varying Approaches to Monitor Children's Access to Care*. GAO-03-222, January 2003. Available to download at www.gao.gov.

U.S. General Accounting Office. *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services*. GAO-03-397, April 2003. Available to download at www.gao.gov.



About The Children's Defense Fund

The mission of the Children's Defense Fund is to *Leave No Child Behind*[®] and to ensure every child a *Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong, effective voice for *all* the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick, into trouble, drop out of school, or suffer family breakdown.

CDF began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants and individual donations. We have never taken government funds.



Children's Defense Fund

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Washington, DC 20001
202-628-8787
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