

# **Restructuring Behavioral Healthcare:**

## *The Basics: What's Known About Child Mental Health Issues and Good Care*

**Mike Hogan, Ph.D.**

Commissioner, OMH

**June, 2011**

## Background/Scope of the need:

1 out of 10 children have a serious emotional disturbance (SED)  
*more children suffer from psychiatric illness than from cancer, blindness, autism, mental retardation, and AIDS combined.*

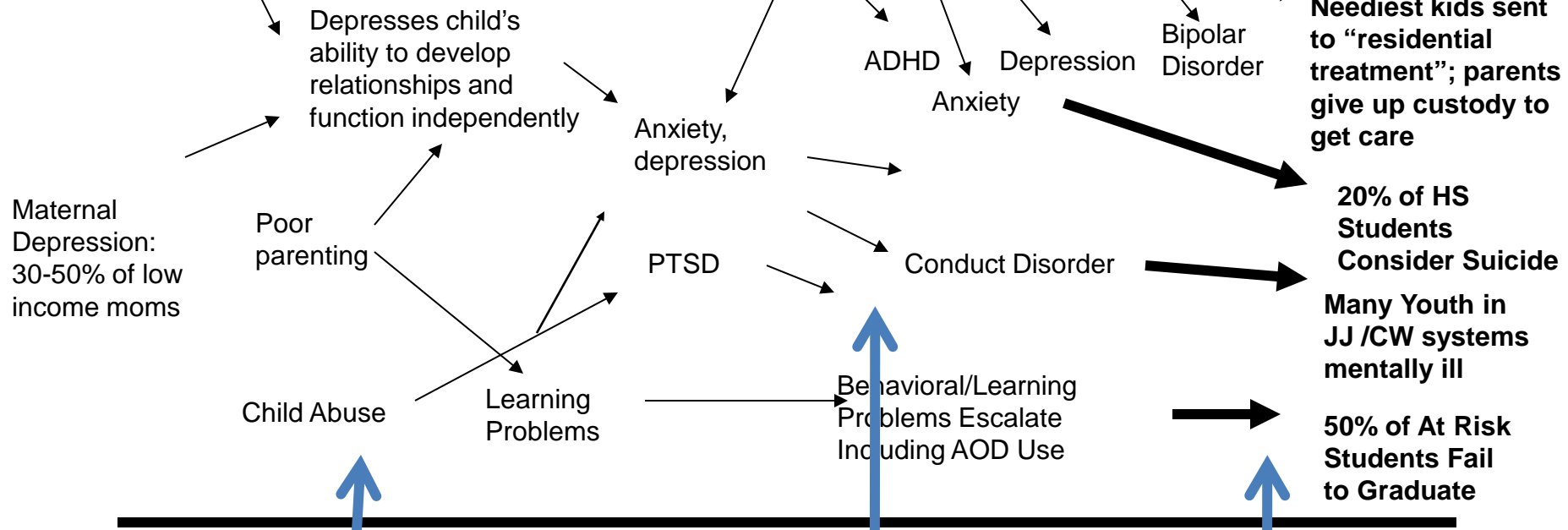
- 40% of SED children are not Medicaid eligible but require interventions (e.g. ICM, wraparound) not available outside public system
- Only 20%+ of children with an emotional disturbance receive specialty mental health treatment. *Mental health visits are the largest category of pediatric visits but most pediatric care for SED is inadequate*
- A majority of children & youth in juvenile justice settings and many in foster care have SED. Suicide is the third leading cause of death for 15 to 24-year olds.
- Emotional disturbance is associated with the highest rate of school dropout; Only 30% of children with identified ED graduate with a standard high school diploma.

# How Children's Mental Health Problems Develop and the Evidence

Developmental/Environmental Risks  
(Start Early in Childhood)

Risks of Genetically Linked Disorders  
(Increase as Children enter teen years)

**More ER Use for Child Behavior Issues**



Age Birth 3 5 ELEMENTARY SCHOOL 12 MIDDLE-HIGH SCHOOL 18

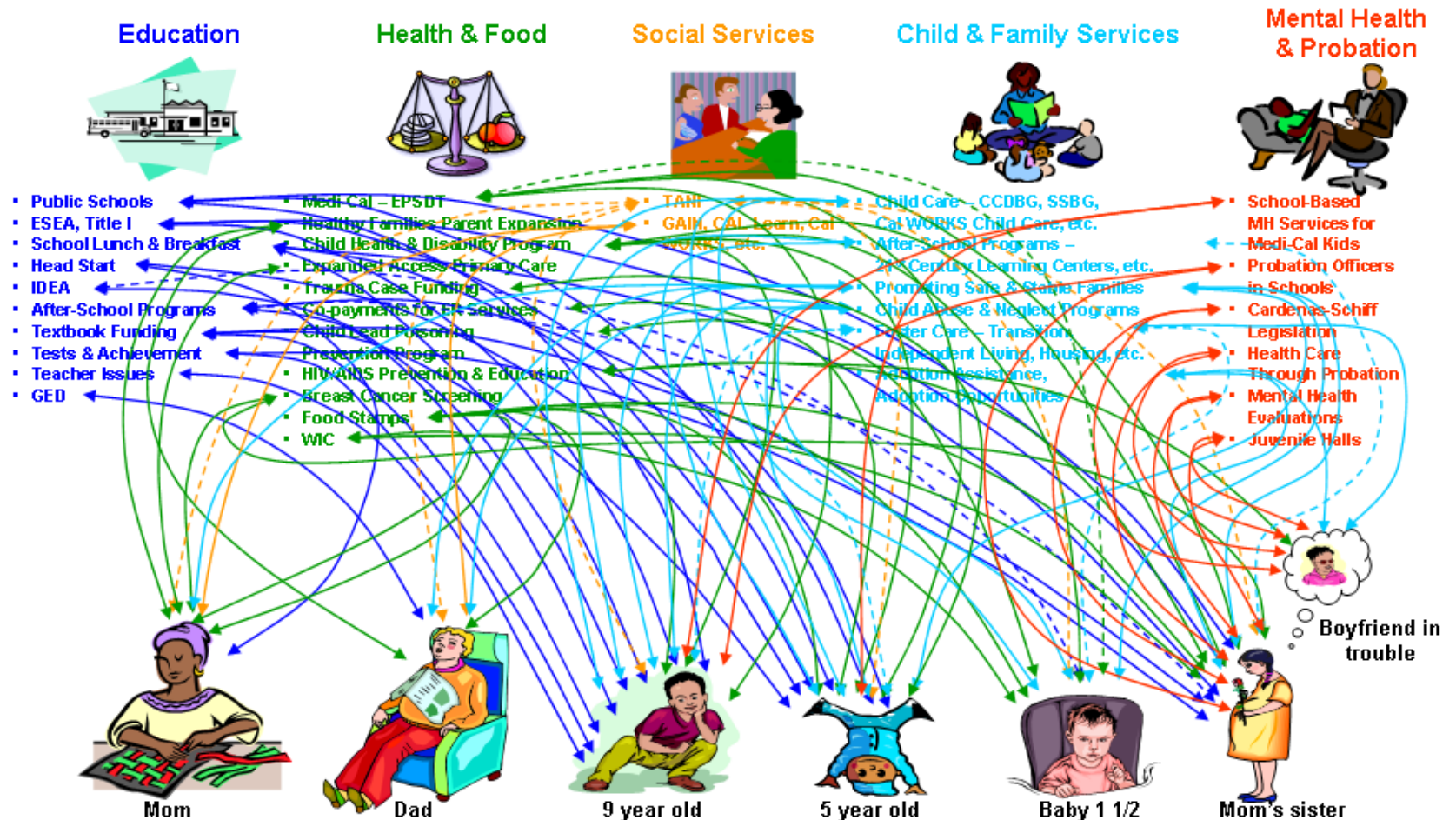
Targeted Prevention e.g.  
--Treat Parental Depression  
--Intensive Parenting Supports

Targeted Therapies Effective, e.g.:  
--Parent/Child Interaction  
--Combined Treatment for ADHD, Depression

Team Treatments Effective In Specialty Managed System  
--High Fidelity Wraparound  
--FFT, MST

# How the "Kids System" Works Now:

## State Agencies and Service Providers must be Accountable to Individual Families for more Integrated and Effective Care



Children's Services in Los Angeles County

# What is Effective vs. What is Commonly Done

- Targeted and focused Prevention is effective
  - Examples: Treating parental depression, Positive Parenting Program Incredible Years, Common Sense Parenting. Include prevention in plan requirements
- “Late Intervention” is the norm for behavioral disorders though children are all seen in pediatrics
  - Average age of onset for mental health problems: 14  
Average lag until entering care: 9 years. Enhanced pediatrics with on-site mental health clinician essential for Medicaid population
- Kids with SED require Specialty Behavioral Health Care deploying Evidence Based Interventions (e.g. High Fidelity Wraparound, Integrated depression and ADHD care, MTFC, MST) .
  - Fixed point of (regional) authority, links to schools, pediatrics, social services. Requires integrated Medicaid and GF resources
  - Care is team based, family centered. Family advocates are core team members.
  - Specialty Behavioral Health Care controls access and use of residential treatment.
  - Children’s Waivers should be integrated into Specialty Behavioral Health Care