FROM THE FIELD

Reflections on 18 years of children's mental health reform

By Judith C. Meyers, Ph.D.

In October, I will step down from my position as president and CEO of the Child Health and Development Institute of Connecticut (CHDI), where I began as the founding director over 18 years ago. CHDI is a nonprofit organization that cuts across the worlds of science, policy and practice to bring sustainable improvements to health and mental health care for children in Connecticut. From this perch, I have had the opportunity to experience and participate in significant advances in the children's mental health system in Connecticut that mirror advancements nationwide.

One of our first projects at CHDI was to conduct a study of the children's mental health system, mandated by the legislature as the result of a fiscal crisis. In 1999, the state was hemorrhaging dollars to cover inpatient hospital stays for children with serious mental health problems who no longer needed that level of care but had nowhere to go. The children were not well enough to return home, but there were few, if any, step-down services. Through our study, we found that the state was spending a large proportion of its resources (70 percent) on a small percentage of children (18 percent) in the highest end of services, including hospitals and residential treatment centers. Relatively little (30 percent) was being spent on the front end of the system, where many children were receiving community- and home-based prevention and early intervention services. We also found, as in many other states, there was limited integration among the siloes of mental health, child welfare, juvenile justice, health care and education, and services were crisis-driven, unresponsive to the needs of families and insensitive to variations in culture. This study, coupled with the fiscal crisis, was the impetus for substantive reform resulting in a more robust, coordinated and integrated system of care.

As a result, 18 years later Connecticut's services for children with mental health concerns are very much improved, but we still have a ways to go. There is far less reliance on out-of-home care, as children and families have access to an array of effective and trauma-informed community-based services and supports such as mobile crisis services and statewide implementation of evidence-based interventions including Multisystemic Therapy, Multidimensional Family Therapy, Trauma-Focused Cognitive Behavioral Therapy, Cognitive Behavioral Intervention for Trauma in Schools, and Modular Approach to Therapy for Children. Many more children are able to access effective treatment in familiar settings, such as outpatient clinics, schools and their homes. This shift in focus from residential treatment to community-based care also coincided with increased screening and early intervention efforts in pediatric primary care, schools, early care and education, and child welfare.

Despite this progress, we haven't moved the needle far enough. We are identifying more children for whom there are behavioral health concerns. We are improving the quality of care for trauma and other common disorders, particularly for children on Medicaid and in the child welfare system. We are doing a better job at coordinating care. Nevertheless, the number of children being served with best or evidence-based practices is still small in response to the need. Too many families are still struggling to access comprehensive, coordinated and effective care.

Efforts are underway to address these shortfalls, in part as the result of a very different sort of crisis than drove the first wave of reform — the tragedy of the school shooting in Newtown in 2012. This time, the legislature mandated the development of a Children's Behavioral Health Plan. With CHDI's help, the Department of Children and Families completed the plan in 2014 and it is now in the early phases of implementation. The plan provides a vision and direction for a future that has the potential to further decrease the need for some of the higher-end services by investing in children earlier. Informed by advances in neuroscience, this plan addresses children's social-emotional development from birth. It emphasizes the importance of the full continuum of services — from prevention and promotion to screening and early intervention to treatment and recovery, integrating all child-serving systems along with reforms in financing and infrastructure.

I am optimistic that we are on the right path. Connecticut's services for children with mental health concerns look very different and are vastly improved from what they were 18 years ago. Connecticut's investments in mental health promotion beginning at birth, as well as prevention, early intervention and trauma supports for children of all ages, can help reduce the severity and frequency of problems later. By ensuring children have a strong start in life and have access to ongoing supports they need to thrive, we just may be able to move the needle even further, assuring fewer children suffer the consequences of mental health disorders, and all those that do have access to the best systems and services that result in better outcomes.

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