

Children's Mental Health System Change Initiative

Keeping kids at home, in school, and out of trouble.

By Jeannine Beatrice, OMHAS

In 2003, the legislature outlined a Legislative Budget Note included in House Bill 5030 that emphasized flexible community based, culturally competent, and family driven mental health services for children. The old system, allowed for children to be placed directly in facilities sometimes without the input or assistance of the local community mental health programs. The services were intense, limited, sometimes hundreds of miles away from the child's home school, community, and family, and were basically facility-based. The funding was set up to support a piece-meal system to be based on a medical model and Medicaid eligibility.

The Budget Note required the Department of Human Services (DHS) to redesign and implement a new mental health system of care for children and adolescents that is

- strengths-based; family driven;
- community-based, with reliance on informal and natural supports, and with multi-system collaboration; culturally competent;
- the least disruptive; and using evidence-based practices.

DHS met with partners in the community including providers, payers, clinicians, administrators, consumers and family members. Most every meeting room was overflowing with interested parties; how will this initiative ever work? How can we coordinate care for children and their families without adding barriers? How will we be able to tell if it is working or not? And, how do we pay for it? We got started in the drafting of what is now referred to as the Children's System Change Initiative, or CSCI, and implemented it as of October 1, 2005. The idea was that the monies would now flow through the counties instead of directly to the providers to keep the providers and community mental health programs talking, coordinating, and designing mental health treatment and support services that make sense.

What this means is that a child who would previously be directly placed in a residential facility for intensive mental health treatment, now must first be connected with their community mental health program. This may sound like an additional bureaucratic step or barrier before children can access intensive mental health services, but really, it gives the local communities a chance to work with the child and the families (in the form of a child and family team), throughout the child's treatment. This means that regardless of the level of treatment a child is engaged with, she is connected with the community mental health program and her family is helping drive the care. This is very different from how a child's mental health services were coordinated before.

The child and family team provides a constant variable for her, whether she is in a specialized classroom wrapped with skill trainers and a schedule of therapies, or in an intense psychiatric residential treatment program with a behavior support plan, or maybe she is utilizing respite care that the child and family team coordinated. She can move through the different levels of care or levels of treatment intensity as needed, and yet always maintain the constancy of her child and family team; regardless of where she sleeps that night, she has a connection in her community.

How does this impact girls in our communities? By keeping them connected at home and in their schools, by decreasing disruptions, preventing crisis, wrapping them with both formal and informal supports, and hopefully decreasing placements in restrictive living arrangements (locked facilities) "for their own protection." Each community will really have to look at the needs of their children and develop community-based treatment and supports that reflect those needs.

For some families, this new system sounds too easy and too accessible to be true. And honestly, the initiative still has eligibility criteria, budget constraints, and geographical limitations. A child in rural Oregon, for example, who is in need of intensive psychiatric residential care, may still need to go far from home to receive treatment and services.

This system change initiative is pushing all providers to be creative; treatment can take more forms than just psychiatric residential treatment, psychiatric day treatment, or outpatient clinical treatment. For years now, attention has been placed on gender specific treatment for girls in residential care, and now that community mental health programs have a better view of their own children in their communities, they can start designing treatment modalities that are healthy and helpful for girls.

The Coalition will be tracking how MHO's are providing gender-responsive services for girls with community programming and to ensure that no barriers to access gender appropriate services are created in the transition.

Child Welfare and the Children's Initiative

By Kathy Spear, CAP

Child Welfare has been an active participant with mental health and many other partners in the implementation of the Children's System Change Initiative. We are all committed to seeing through the changes promised by this initiative. While much work has been done, a number of challenges still remain. Managed Care Organizations who are contracted to manage the new system needed to develop local systems to determine a child's level of need and in many cases develop new services to meet those needs. The speed of implementation has varied in different parts of the state. While everyone agrees that some children can be successful outside traditional psychiatric facilities if they have appropriate wrap around services and trained, professional proctor parents, these resources are not always available in all places.

Psychiatric residential providers have had to change their treatment models as the length of stay for children has dramatically decreased. The challenge is to find appropriate services to allow children to "step down" from more intense services.

The Children's System Change Initiative will greatly improve the mental health system for children and families in Oregon.

During this implementation/transition phase, all the stakeholders will continue to rise to the challenge to ensure its success.

