



CHILD & ADOLESCENT MENTAL HEALTH

2011 Policy Priorities

Wisconsin Family Ties Recommendations:

- Ensure availability of wraparound programs for children with serious emotional disorders in all counties/tribes.
- Increase use of parent peer specialists in mental health programs.
- Limit the use of seclusion and restraint in schools and treatment programs.
- Improve access to treatment and community-based services; increase the number of qualified child and adolescent mental health providers.
- Ensure availability of information that assesses the sufficiency of the child and adolescent mental health system.
- Implement juvenile corrections mental health and substance abuse diversion programs, such as mental health courts.
- Increase the State contribution to the "state" share of Medicaid for mental health services.

Background: Children with mental health (MH) needs are the most underserved disability group in Wisconsin. The state estimates that over 106,000 school-age children have a mental health disorder that substantially impacts their functioning at home, at school and in the community. Only 3.2% of these kids received public mental health services in 2009. Wisconsin's public mental health service rate for children ages 0-12 who have a serious emotional disability is one of the worst in the nation, ranking 48th out of 50 states; for adolescents ages 13-17, the state comes in 47th (US Dept. of Health and Human Services, Center for Mental Health Services, 2009 data).

Child and adolescent mental health issues affect many different service systems, including schools, child welfare, juvenile corrections, long-term care and the public mental health system. The complexity and insufficiency of mental health programs and services adversely impact the ability of families to meet their children's needs. The resulting strain can lead to child maltreatment, alcohol or drug abuse, loss of employment and dissolution of families.

It is not uncommon for parents to have to file a CHIPS (child in need of protection or services) petition with the courts to access the type of care their child needs. This is most often for care that requires the child to temporarily live away from home. When a court orders the placement of a child outside the home in a nonmedical residential facility, such as a foster home, group home, or residential care center, the court must also order either or both parents to pay child support to help cover the costs for such services. Currently, the child support payment for one child is 17% of the parents' gross wages.

Following is additional information related to the recommendations above:

- **Wraparound** is a collaborative team process designed to ensure strong family involvement and shared decision making. While each county may create their own name for their wraparound project, most are based on the framework for "Coordinated Services Teams" found in Chapter 46.56 of the Wisconsin Statutes. We still do not have wraparound programs in every county and tribe in Wisconsin, and even where they do exist, they are not funded adequately to serve even a small percentage of the youth who could benefit. Further, funding for these programs comes in the form of five-year grants; there is no ongoing funding provided by the state. Wraparound services have been proven to improve academic success, reduce contacts with law enforcement and improve functional outcomes for youth.

- **Parent peer specialists** are parents or caregivers of a child with emotional or behavioral disorders who have been specifically trained to provide information, support and advocacy to other parents of children with mental health needs. Not only are services provided by peers cost effective, they produce enviable outcomes. Parents receiving peer specialist services experienced improvement in their coping skills, emotional health and confidence, as well as the ability to manage their child's behavior (Ramacher, UW-Stout, 2010). Children whose parents received peer specialist services had better outcomes in terms of residential status, law enforcement contact, academic performance, and school attendance (Davis-Groves, et al., University of Kansas, 2007).
- Wisconsin's laws regarding **seclusion and restraint** of children are nonexistent or out of date. There is no state law or regulation governing the use of seclusion or restraint in public or private schools, nor is there any requirement for schools to track or report such incidents. We do know that children who are receiving special education services as the result of an emotional or behavioral disability are suspended from school at a rate nearly eight times that of their non-disabled peers (DPI, 2009 data). Seclusion and restraint are also used in children's mental health treatment programs and facilities. In 2006, a seven year old girl died as a result of being restrained at a day treatment center in northwestern Wisconsin. In both schools and treatment programs, there is a significant need to increase proficiency in techniques to prevent and/or deescalate challenging behavior without the use seclusion and restraint.
- **Access** to qualified child and adolescent mental health providers is severely limited in most parts of the state. Wisconsin has one of the most severe shortages of mental health providers in the nation: In 2008, 1.6 million people in the state lived in a designated mental health professional shortage area (State Health Facts, Kaiser Family Foundation).
- Currently, children's mental health policy decisions in Wisconsin are made without the benefit of sufficient actionable information. The limited data that do exist are not compiled, organized or presented in a manner that is useful to policymakers. There is a significant need to develop a benchmark of key indicators to **measure the status of Wisconsin's child and adolescent mental health system** to help inform health policy decision making. To efficiently and effectively improve access to care, there must be a clear, comprehensive understanding of the issues and gaps present in the current system. Without understanding such data, needs for critical services / supports may never come to light, or perhaps worse, limited public funding might be spent on inappropriate or unnecessary programs.
- **Unmet** mental health needs among youth cause problems with school, family and community, often resulting in the criminalization of mental illness. Approximately 75% of boys entering Wisconsin's **juvenile corrections** facilities screen as having a mental health need. One possible response to this crisis would be the creation of **juvenile mental health courts**. These courts focus on treatment rather than punishment. Their goal is to divert youth with mental illnesses from juvenile detention facilities to community-based mental health services. We are unaware of any such courts currently in Wisconsin.
- A key policy issue that serves as a barrier to the development of a better public mental health system is the requirement for counties to pay the non-federal match for **Medicaid** mental health services (typically, Medicaid costs are shared between the federal government and states). This has led to significant county use of property tax funds for mental health services and inequities in services across counties.

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