

# **Transforming Children’s Behavioral Health Care**

*A Plan for Improving the Behavioral Health  
of New Hampshire’s Children*

## **Executive Summary**



**“And how are the children?”**

*– Traditional Masai tribal greeting*

Protecting and promoting children's behavioral health is a fundamental investment in a child's future. Early behavioral health conditions have long-term implications that range from school success to future wage earnings to a sense of well-being and overall health. Behavioral health, which refers to mental health and substance use conditions, is a measure of well-being that is as complex as the human brain itself. Understanding and serving this complex inter-relationship between the body, behavior and emotion is particularly challenging with children. The patterns of experience mapped by the brain continue to influence the child's development for the rest of his or her life, impacting his or her long-term health and well-being<sup>1</sup>.

As a society and as a state, it is our responsibility as leaders and professionals to ensure that we are supporting the healthy social and emotional development of New Hampshire's future citizens and leaders. We must meet their behavioral health needs with highly effective services and supports that provide significant long-term positive outcomes for children, youth and their families.

It is this responsibility that led to the establishment of the New Hampshire Children's Behavioral Health Collaborative (the Collaborative) in November of 2010. This unprecedented coalition of over 50 organizations came together to study the current landscape of children and families and the existing behavioral health systems, services and supports. Following the best practice approach known as System of Care, the Collaborative developed a plan to build an integrated and comprehensive service delivery structure that is family-driven, youth-guided, community-based and culturally and linguistically competent.

This publication establishes the state's first documented plan for such an integrated and comprehensive system of behavioral health care for our state's children and youth, presenting the action steps families, youth, leaders, professionals and other stakeholders will take to achieve an effective System of Care for the next generation.

The Institute of Medicine refers to the term '**behavioral health**' as including mental health and substance use conditions and recognizes that behavioral health care has several characteristics that challenge its effectiveness, such as separate care delivery systems and a less developed quality assurance infrastructure.<sup>2</sup>



# WHERE WE ARE NOW

*The first step to developing a plan for a better system of care for children's behavioral health is to understand where we are now. The Collaborative reviewed data from many sources to appreciate how children and families are being currently served and supported. This informed the Collaborative's priorities for a transformation of the service delivery system for behavioral health promotion, early intervention, treatment and supports.*



## OUR CHILDREN

One in five of preschoolers through teens have an emotional disorder that impacts their daily functioning at home, in school or in their community.<sup>3</sup> Of those children receiving mental health services, approximately 43% are diagnosed with a co-occurring alcohol or drug use disorder. Similarly, of adolescents in New Hampshire alcohol or drug treatment programs, 2/3 of males and 4/5 of females have a co-occurring mental health disorder.<sup>4</sup> On any given day, over 250 New Hampshire children are living and receiving care in an in-state residential placement or treatment facility outside of their home community.<sup>5</sup>



## FAMILIES

Families also bear significant and uncounted responsibilities and expenses in supporting their children's well-being. Families report frustration with what they describe as fragmented and uncoordinated systems, often likening their experiences with current systems for children's behavioral health to being "lost in a maze." Families also describe a lack of opportunities to voice their child's strengths and needs.<sup>6</sup>



## LOCAL SCHOOLS

Schools already play a central role in providing mental health services to New Hampshire's children, some working with community-based providers and federal aid programs to support students. Schools often see behavioral health needs at early ages and stages and reach out to families and community-based services. While New Hampshire has one of the lowest high school dropout rates in the country, New Hampshire's school suspension rates are nearly twice the national rate, and students with emotional disabilities are suspended at higher rates than other students.<sup>7</sup> New Hampshire's rates of regular alcohol and marijuana use among 12 to 17 year olds are also some of the highest in the country.<sup>8</sup>

## WHERE WE ARE NOW

*The assessment of state and community efforts and resources to provide behavioral health care to New Hampshire children reinforced that behavioral health care happens in many places and in many ways, but that gaps in services and in coordination of those services can compromise effective care and outcomes.*



### PRIMARY CARE

Primary care providers play a substantial role in treating children and youth with behavioral health disorders, with most childhood psychiatric medications prescribed by pediatricians. Although they are often stretched to capacity with monitoring and caring for the physical health of children, the frequency of well-child checkups and the relationships many families develop with their primary care professional provides an opportunity to identify behavioral health concerns earlier and coordinate services and supports.



### COMMUNITY BASED PROVIDERS

Children's behavioral health needs are served by a range of community-based providers, including the state's ten community mental health centers that serve more than half of children with serious emotional health disorders. These centers and other provider agencies have been increasingly financially under-resourced in recent years, with notable gaps in services, including adolescent substance abuse and co-occurring disorder treatment. Community mental health centers now handle approximately 10,000 children with increasingly complex needs, a number that has remained constant for the past three years, despite significant budget reductions.<sup>9</sup>



### BEHAVIORAL HEALTH EXPENDITURES

Expenditures for children's mental health services are paid for primarily by Medicaid, child protection, juvenile justice, local school districts, the state's Catastrophic Aid Program and private insurance, systems that do their best to serve the complex and long-range needs of over 50,000 children with diagnosable behavioral health needs. There is little formal coordination between the various systems receiving state and local funding to provide behavioral health services to children or between the public systems and private insurance.<sup>10</sup>

*What is a system of care approach?*

**A System of Care is a behavioral health care approach that relies on a coordinated network of effective community-based services and supports with a broad array of individualized services which help children and youth to function better at home, in school, in the community, and throughout life.**

This evidence-based approach has been found to decrease caregiver strain, increase stability in living arrangements, increase school performance and attendance, and expand the service array.<sup>11</sup>

## SHARING A VISION

### ***Moving from Multiple Systems to an Integrated System of Care***

Transforming New Hampshire's current behavioral health care services and supports into to one integrated, comprehensive system of care requires shared values and principles, a commitment to evidence-based and evidence-informed practice, and collaborative action from all stakeholders, establishing a common ground from which to build, with children and families actively participating in the transformation.

#### SHARED VALUES

The Children's Behavioral Health Care System will be

- Family driven, youth guided
- Community-based
- Culturally and linguistically competent

#### GUIDING PRINCIPLES

The Children's Behavioral Health Care System will involve

- Effective, evidence-informed services
- Individualized, wraparound service planning
- Least restrictive environments
- Youth and families as full partners in services and policies
- Integrated care
- Care management for service coordination
- Developmentally appropriate services
- Prevention, early identification & intervention
- Promoting advocacy and protecting rights
- Focus on accountability and quality
- Non-discrimination

The changes and improvements recommended within this plan's goals must be realized at the system level, at the service level, and at the environmental level to support transformation. For example, a policy change at the system level can lead to a wider array of services and supports available at the service level, while advocacy and media efforts can reduce stigma within a child's environment, encouraging more access to services.

These multiple levels of coordinated action are present in the goals and strategies for a transformed and improved system of care for children and their families.



## BUILDING TOGETHER

Changing such a complex system of services and supports for a complex constellation of disorders and needs will not be simple, straightforward or quick. The goals for the state's transformation plan were established within five strategy areas recommended by the federal Center for Mental Health Services.<sup>12</sup>



**“When my child is struggling mentally it seems like his entire body is breaking down.”**

*“I honestly think it’s about time that mental health issues were treated just like a cold or a broken bone [but] mental health issues still carry a stigma”*

**“If your mental health is suffering the rest of your life will be suffering”**

*Family focus group participants sharing their experiences with the current behavioral health care system<sup>13</sup>*

## TRANSFORMATION GOALS

The Collaborative's planning process focused on each System of Care strategy area and analyzed the policy, service array, financing, workforce, advocacy and other changes that would be needed to address each goal in the Plan. A more detailed matrix of sub-strategies and action items for each of the goals and five strategy areas can be found at [www.NH4Youth.org](http://www.NH4Youth.org).

This planning method established nine core goals that will move New Hampshire toward a System of Change approach and that underscore the effective leadership, bold policy change, adequate financing, strong workforce, mobilized advocates, and the strong voice of children and families that will be drivers of change and improvement for our next generation.

*When parents of children with behavioral health conditions were asked what quality care meant to them, one shared that it was care that was*  
**“not driven by money, but need.”<sup>14</sup>**

### *Align child-serving systems toward common goals and outcomes*

- Developing a state-level leadership and management body to maintain focus, commitment and action
- Conducting joint trainings, technical assistance and coaching on System of Care values and principles
- Developing agreements among agencies and organizations to braid financing in support of integrated, collaborative, and evidence-informed care


### *Implement family-driven, youth-guided, culturally and linguistically competent services and systems*

- Increasing family and youth involvement at the policy and systems level
- Increasing family and youth involvement in the planning and delivery of their services
- Implementing peer-to-peer support services for families and youth
- Increasing the cultural and linguistic competency of children's behavioral health services, thereby reducing disparities




 ***Improve services and outcomes for children and youth with serious and complex behavioral health needs and their families***

- Creating an entity that serves as a centralized and accountability hub
  - for managing services, costs, care, and improved outcomes, particularly those who are involved in multiple state systems
- Developing individualized care through fidelity to a wrap-around approach to service planning and care for high-need children and their families
- Broadening the array of available services and supports, such as respite care, mobile crisis units, substance use prevention, early intervention and treatment, family and youth peer supports, and other specialized services for children in key transition periods

 ***Realign financing streams to better invest resources for behavioral health services and supports for children, youth and families***

- Coordinating and redirecting financing streams to support a broader array of effective, coordinated home and community-based services and supports for high need children and their families
- Incorporating children's behavioral health provisions, structures and services into the state's Medicaid/Managed Care System

 ***Create a sustainable infrastructure to provide on-going training in the System of Care approach, effective services, and other workforce development strategies***

- Incorporating both pre-service and in-service training in evidence-based, evidence-informed and promising practices within higher education and credentialing, licensing and certification requirements
- Making available training topics relative to this plan, such as cultural and linguistic competence, co-occurring mental health and substance use disorders, and System of Care principles

Wraparound is intensive, individualized care planning that engages children and youth with complex needs and their families, considering strengths and assets in tailoring care.<sup>15</sup>

“It would be so helpful to make one phone call to see what services are available.”<sup>16</sup>

—Wolfeboro area parent


“[I got] tired of hearing [my child] is too young to diagnose”.<sup>17</sup>

– Claremont area parent


National Standards on Culturally and Linguistically Appropriate Services (CLAS) can serve as a standard for transformation activities.<sup>18</sup>

 ***Identify emotional and behavioral health challenges and needs at earlier ages and at earlier stages***


- Increasing early identification and intervention strategies
- Implementing an evidence-based multi-tiered system of supports within schools state-wide to address student behavioral health needs, improving educational outcomes

 ***Maximize opportunities for integration of mental health and substance use prevention, intervention, and treatment with primary care***

- Increasing and systematizing the use of evidence-based screening
  - within primary care, emergency services and other child-serving systems
- Implementing an approach that supports primary care physicians, nurse practitioners and other providers in expanding their knowledge
  - relative to prescribing psychiatric medications, such as access to specialty consultation

 ***Measure outcomes of implementing improved services that are family-driven, youth-guided and culturally and linguistically competent***

- Adopting a common and culturally and linguistically competent behavioral health assessment tool across multiple systems and focusing
  - on positive outcomes and improvement and that establishes and implements clear eligibility and evaluation criteria for different social-emotional needs across multiple child-serving systems
- Developing the ability to share and track culturally and linguistically competent service data across child-serving systems
- Increasing awareness of the role of data collection and use among children, youth and families

 ***Maximize support for implementing family-driven, youth-guided, culturally and linguistically competent systems and services***

- Use strategic marketing and a range of other communication strategies
  - to increase knowledge, influence decision-making, and generate support for an expanding and improving a family-driven, youth-guided and culturally and linguistically competent system of care



## ABOUT THE COLLABORATIVE

The New Hampshire Children's Behavioral Health Collaborative first convened in November of 2010 through a joint initiative of the Endowment for Health and the New Hampshire Charitable Foundation to study and respond to the strengths and challenges of meeting the behavioral health needs of New Hampshire's children and youth. The Collaborative has expanded its membership and technical expertise to ensure a robust assessment of existing systems, best practice research, assets and limitations as well as the needs and hopes of those served by the existing systems of care. The vision of the membership is to cultivate and sustain an integrated, comprehensive children's behavioral health system for the Granite State.





## PARTNERS AND CONTRIBUTORS

ARCH of the Upper Valley  
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Child Health Services  
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Disabilities Rights Center  
Early Learning New Hampshire  
Easter Seals New Hampshire  
Endowment for Health  
Families in Transition  
Foundation for Healthy Communities  
Friends of Recovery – New Hampshire  
Geisel School of Medicine at Dartmouth  
Granite State Children's Alliance  
Granite State Federation of Families for Children's Mental Health  
Greater Nashua Mental Health Center  
National Alliance on Mental Illness New Hampshire  
National Association of Social Workers – New Hampshire  
New Futures  
New Hampshire Alcohol & Drug Abuse Counselors Association  
New Hampshire Alcohol & Other Drug Service Providers Association  
New Hampshire Association of Infant Mental Health  
New Hampshire Association of Marriage and Family Therapy  
New Hampshire Association of Special Education Administrators  
New Hampshire Center for Excellence  
New Hampshire Charitable Foundation  
New Hampshire Children's Lobby  
New Hampshire Children's Trust  
New Hampshire Coalition Against Domestic & Sexual Violence  
New Hampshire Community Behavioral Health Association  
New Hampshire Council on Autism Spectrum Disorders  
New Hampshire Department of Education  
New Hampshire Department of Health & Human Services  
New Hampshire Family Voices  
New Hampshire Legal Assistance  
New Hampshire Medical Society  
New Hampshire Partners in Service  
New Hampshire Pediatric Society  
New Hampshire Psychiatric Society  
New Hampshire Psychological Association  
New Hampshire Residential Provider Network  
New Hampshire School Administrators Association  
New Hampshire School Nurses' Association  
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<sup>1</sup> Raver, C. C. (2002, December). Emotions matter: Making the case for the role of young children's emotional development for early school readiness (Social Policy Report, Vo. 26, No. 3). Ann Arbor, MI: Society for Research in Child Development.

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<sup>3</sup> Department of Health and Human Services (US); Rockville (MD): Department of Health and Human Services. Mental health: a report of the Surgeon General. 1999

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<sup>5</sup> *Residential Placement Report*, New Hampshire Department of Health and Human Services Internal Report, January 2013

<sup>6</sup> *Collecting Family Voices on Children's Mental Health. NH Children's Mental Health Focus Group Project Final Report of Findings*. National Alliance on Mental Illness NH, July 26, 2007

<sup>7</sup> *Mental Health Services in New Hampshire's Schools*. NH Center for Public Policy Studies Report, April 2009

<sup>8</sup> U.S. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 and 2011.

<sup>9</sup> NH DHHS Block Grant Proposal, 2011

<sup>10</sup> *Mental Health Services in New Hampshire's Schools*. NH Center for Public Policy Studies Report, April 2009

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<sup>12</sup> Ibid

<sup>13</sup> *Collecting Family Voices on Children's Mental Health. NH Children's Mental Health Focus Group Project Final Report of Findings*. National Alliance on Mental Illness NH, July 26, 2007

<sup>14</sup> *Collecting Family Voices on Children's Mental Health. NH Children's Mental Health Focus Group Project Final Report of Findings*. National Alliance on Mental Illness NH, July 26, 2007

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<sup>17</sup> *Collecting Family Voices on Children's Mental Health. NH Children's Mental Health Focus Group Project Final Report of Findings*. National Alliance on Mental Illness NH, July 26, 2007

<sup>18</sup> National CLAS Standards available at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>





