

Huang, L., Stroul, B., Friedman, R., Mrazek, P., Friesen, B., Pires, S. et al. (2005). Transforming mental health care for children and families. *American Psychologist*, 60(6), 615-627.

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This article is based on the deliberations of the Subcommittee on Children and Families of the President's New Freedom Commission. While not the actual report of the Subcommittee, the article outlines recommendations for policy reform. The Subcommittee surveyed 250 stakeholder groups (i.e., youth and their families, provider associations, practitioners, researchers, and state and local program directors) to arrive at recommendations for policy to transform the mental health care system in America. Their investigation included site visits to successful and innovative treatment and prevention programs (i.e., early childhood, school-based, wraparound, juvenile justice, and mental health programs) and an analysis of over 1,200 comments solicited by the Commission about innovative strategies for policy reform. Selected recommendations of the Subcommittee follow:

- *Develop Comprehensive Home- and Community-based Services and Supports.* Although a number of least restrictive services (e.g., intensive home-based care, day treatment, mentoring, respite care, wraparound, and therapeutic foster care) are available in some communities, the majority of children in need of these services do not receive them. To rectify this problem, "federal and state governments should provide incentives, and work in partnership with families and the private sector, to encourage the investment of resources in building a full range of home- and community-based services and supports" (p. 619). Further, stakeholders need to "go where the children are" (p. 619) to provide these services. In particular, children entering the juvenile justice or child welfare sectors should be screened for mental health problems and appropriate services should be made available so these children and adolescents may receive care in the least restrictive setting possible.
- *Develop Family Partnerships and Family Support.* According to the authors, "true partnerships between families and professionals have yet to be achieved" (p. 619). To strengthen family participation in the arena of mental health services and supports, policymakers need to encourage families to participate at both the community and systems levels on behalf of their children. Family support services also should be made available, and family-run organizations should be encouraged, supported and promoted. Additionally, "the need [for families] to relinquish custody in order to receive necessary care" (p. 620) must be eliminated.
- *Provide Culturally Competent Care and Reduce Unmet Need and Disparities in Access to Services.* While children and their families from racial and ethnic minorities experience barriers to services (e.g., fragmented services, costs, and stigma) experienced by other populations, they must also contend with barriers that are specific to their culture (e.g., language barriers and different ideas about mental illness). Writing that "there is no simple solution to this problem," the authors suggest that strategic plans be put in place to address these disparities and that they be based on the "voices, views, and recommendations of representatives and families from diverse racial and ethnic groups" (p. 620). Agencies at all levels should work with racial and ethnic groups to ensure that children receive the services they need. Additional recommendations include: better data collection for ethnic/racial groups; evaluations of barriers to services specific to a given culture; "minimum standards for

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culturally and linguistically competent behavioral health care” (p. 621); indicators for culturally competent care; financial considerations; and a diverse workforce.

- *Implement Evidence-based Practices.* In order to ensure that children and their families receive empirically supported prevention and treatment interventions, effective services must be developed, disseminated, and implemented with fidelity. Innovative programs for development and dissemination must be established, promising practices must be identified, and evidence-based interventions must be conceptualized to include the evidence-based processes that “cut across a number of clinical interventions” (p. 621).
- *Coordinate Services, Responsibility, and Funding to Reduce Fragmentation.* Writing that “responsibility [for the current mental health system] is spread over a complex patchwork of programs operated by federal, state, and local governments and the private sector” (p. 621), the authors suggest that each involved agency institute a cross-agency plan for mental health interventions for children and their families, ensuring collaborative efforts to provide services, supports, and financing reforms. Suggested improvements to financing structures include: cost shifting, maximization of federal and state funds, blended funding, and dedicated revenue streams.
- *Increase Prevention, Early Identification, and Early Intervention.* One paper written for the Subcommittee noted that there are no infrastructures in place that cut across agencies and disciplines to provide prevention, identification, and early intervention for young children and their families. Further, there are few training programs to help parents, teachers, and practitioners identify young children who are at risk of developing behavioral and emotional problems. Accordingly, the authors recommend the establishment of an infrastructure at the federal, state and local levels that can “plan, develop and support” (p. 623) prevention and early identification programs.
- *Strengthen Early Childhood Intervention.* Relative to older children, very little research has been conducted on early childhood mental health problems and their interventions. To rectify this problem, the authors propose: parent and practitioner education about the early child development; the creation of national awareness of mental health problems among young children; early screening and intervention in child settings (e.g., day care, kindergarten); professional training in early intervention; and the elimination of barriers to services, “particularly in diagnostic and financing systems” (p. 623).
- *Expand Mental Health Services in Schools.* “Children receive more services through schools than through any other public system” and as a result, schools “offer a strategic opportunity to provide effective services to many children in need” (p. 623). Schools must be utilized to their fullest capacity to provide such services, including preventive and early intervention programs. School health clinics should be central to the provision of services, and funding for such clinics must be written into federal and state budgets. Further, initiatives should be made to help schools implement the Individuals with Disabilities Education Act.
- *Strengthen Accountability and Quality Improvement.* One concern of the Subcommittee is that “children’s mental health services and systems have suffered from a lack of reliable, practical, policy-relevant data and accountability mechanisms to guide decision making and quality improvement at both the system and service delivery levels” (p. 624). To remedy this problem, they recommend: accurate information gathering systems, reliable measures, quality control feedback systems,

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collaboration with multiple stakeholders, attention to issues of privacy and confidentiality, and a theory of change.

- *Build the Workforce.* Curricula often take years to catch up to current trends in practice. However, it is imperative that preservice training shift its focus from office and clinic-based practices to a family-oriented, individualized, community-based approach to children's mental health. Further, practitioners should be prepared to work in the community itself (i.e., in the school, juvenile justice, and child welfare settings) and to collaborate with other agencies involved in services for the child and family. Training also must "enhance cultural competence for all [practitioners], and the field must create specific incentives and strategies to recruit and train culturally and linguistically diverse practitioners" (p. 625).

These recommendations of the Subcommittee highlight critical challenges to the children's mental health service system and outline needed areas of change if we are to achieve the vision of the President's New Freedom Commission on Mental Health.