

GUEST EDITORS' INTRODUCTION

The past decade has been a period of dramatic evolution in public policy affecting child mental health services. A number of events have been instrumental in shaping changes in the field.

In response to a class action law suit (*Willie M. v Hunt*) in 1980, mental health and education agencies in North Carolina developed a community-based, individualized system of care to meet the needs of approximately 1,200 children. The class members as defined by the court were seriously disturbed, assaultive children who, without appropriate community services, would be institutionalized. The State agreed to an out-of-court settlement and subsequently developed a complete continuum of care within local area mental health programs, coordinated by case management services for each child. With an annual budget of \$32 million, the *Willie M.* program today still represents one of the largest, complete continuum of care in the country.

In 1982, the Children's Defense Fund issued *Unclaimed Children*, a report of a national study by Jane Knitzer. The book dramatically documented the public sector's failure to adequately care for children with serious emotional disturbances. Knitzer decried the over-reliance on inpatient and residential care and challenged the public system to adopt a community-based, family-centered system of services.

In 1984, the National Institute of Mental Health (NIMH) launched the Child and Adolescent Service System Program (CASSP) to help states build systems of care for children and youth with serious emotional disorders and their families. With a very modest budget, CASSP eventually extended its influence to all 50 states, resulting in substantial progress in improving services.

In late 1986, the Office Of Technology Assessment, the research arm of the United States Congress, issued a comprehensive study, *Children's Mental Health: Problems and Services*. The report indicated that much knowledge had

been gained about how to effectively treat children's mental health problems; however, far less had been put into practice than the state of knowledge would support. In the same year, Beth Stroul and Robert Friedman published their influential work, *A System of Care for Severely Emotionally Disturbed Children and Adolescents*.

In 1987, Congress enacted P.L. 99-660, requiring all states to develop plans for establishing and implementing an organized community-based system of care for individuals with serious mental illness and for children with serious emotional and mental disorders. To guide the states, NIMH provided a model plan, combined with the requirement that separate plans be developed for children and adults. As of 1992, states were required to demonstrate substantial implementation of those plans or face a reduction in their receipt of funds from the Alcohol, Drug Abuse, and Mental Health Block Grant.

Innovative programs began to appear by the mid- and late-1980s. These programs emphasized approaches such as individualized services, collaborative relationships among agencies, and examples of a continuum of mental health services. Notable programs include the Ventura County (California) Model, Kaleidoscope in Chicago, the Alaska Youth Initiative, Project Wrap-around in Vermont, and the Fort Bragg Children and Youth Demonstration Project in North Carolina.

Following the lead of the seminal work done by Homebuilders of Washington state, in the mid-1980s the Edna McConnell Clark Foundation developed a strong family preservation initiative which catalyzed more flexible home-based services throughout the country. While these services have not been adopted as readily in the mental health field as they have been in child welfare, the approach continues to increase in its value among mental health professionals.

In 1988, the Robert Wood Johnson Foundation developed the Mental Health Services Program for Youth to improve services for seriously mentally ill children and youth by developing comprehensive service systems under the aegis of multi-agency, state-community partnerships to make major changes in financing, organization, and delivery of services. The Foundation now funds seven states for four-year implementation grants.

In 1989, the National Mental Health Association's Invisible Children Project reported its findings from a study of youth with emotional disturbance who are placed in out-of-state residential facilities. The alarming numbers documented by the study have resulted in many states establishing specific initiatives to bring their youth home to appropriate services in their communities. Also in 1989, the Federation of Families for Child Mental Health was chartered; it is the first national consumer organization formed solely to advocate on behalf of youth with emotional disturbance and their families.

In 1990, Jane Knitzer and her colleagues at the Bank Street College of Education, published another influential work, *At the Schoolhouse Door*, which examines the inadequacies of the education system in helping children with emotional problems.

And finally, in 1991 the Children's and Communities' Mental Health Systems Improvement Act was introduced in Congress. Funding will establish federal grants to states to implement systems of comprehensive, community-based services for seriously emotionally disturbed children. During this year also, the Annie E. Casey Foundation developed a child mental health initiative for system building and reform by focusing on neighborhood based services.

The changes that have resulted from these events are perhaps more accurately, trends. Traditional forms of mental health services for children are still holding their own. Reliance on inpatient services will not fade away quickly or without a reactionary defense. We believe, however, that the trends described in this special issue will begin to dominate by the end of this decade. Research evidence in favor of the newer approaches is appearing and numerous sophisticated studies are in progress. But the changes are inevitable anyway since the economics of some of the traditional methods doom them. The legions of youth with serious emotional disturbance simply cannot be dealt with by the present manpower and costly methods of treatment, such as hospital based treatment. The lack of community based treatment services is bemoaned by families, by other agencies, and by mental health providers, both for the large numbers of children needing these services alone and for those needing aftercare upon discharge from appropriately used hospital settings.

The articles in this issue reflect the entire spectrum of evolving policies in public child mental health and their implications for program administration. John Mordock's paper compares the costs of children's outpatient services to those of adults. While clinicians and managers have frequently recounted the differences in providing these two types of services and their costs, the literature is without a more precise explication of the issues. Mordock has taken on the task, and because outpatient services will continue to play an important role in the development of more responsive systems of care for youth with emotional disturbance, administrators and policymakers should have accurate and realistic assessments of their differences from adult services, and especially the implications for fiscal planning.

Debate about the impact of managed care on the delivery of mental health services is becoming widespread. Barbara Burns' article reports on the CHAMPUS Tidewater (Virginia) Demonstration Project, which is a full-risk contract to provide mental health and chemical dependency benefits; it is one of the first systematic attempts to study the effect on level of care when less restrictive options are introduced into a treatment system. The Project resulted in a shift to less restrictive (and less expensive) care. Burns elaborates on numerous issues surrounding service development for children and adolescents with emotional disturbance under cost containment with fiscal incentives.

Individualized services for children with emotional disturbance have become more philosophical rhetoric in the field than a practical reality. In his article, John VanDenBerg delineates the differences between categorical and individualized services, while also describing Alaska's experience implementing the

latter approach throughout the state. He details how individualized services can be integrated into existing programs, thereby becoming a viable alternative in response to the complex needs of many youth with emotional disturbance.

“Collaboration” has become a watchword in the field, being touted as critical to developing an effective system of care. Gary Macbeth reports on Virginia’s attempt to improve mental health services for children and their families by emphasizing interagency approaches. Interestingly, Macbeth found that while agencies said collaboration positively impacted service delivery, satisfaction with interagency relationships declined as a result of collaborative initiatives. Virginia’s experience highlights the many pitfalls as well as possibilities inherent in collaborative efforts between human service agencies.

Lenore Behar and her colleagues write about an approach to determining the size and cost of service components in a system of care for children and adolescents with serious emotional disturbance. Their article has been widely quoted in its unpublished version during the past few years. While making it more generally available in this special issue, it has also been updated, based on the implementation of this model in the Fort Bragg Demonstration Project in North Carolina.

In his article on academic training programs for child mental health professionals, Robert Friedman has stepped on sacred turf. While Friedman’s discourse stops short of suggesting that current training programs be totally revamped, he does call for major changes. In an era in which some students still attend semester-long courses on how to administer and interpret ink blot tests and can be awarded a Ph.D. without anything but passing knowledge of work with persons having the most persistent and severe mental illness, one wonders about priorities: whether training is more for professional comfort and maintenance of status quo roles than for addressing patient needs. Friedman thoughtfully outlines what experiences and skills child mental health professionals must bring to the challenges of the field, and the changes that must come about in our academic institutions.

The final article, by Krista Kutash and her colleagues at the Research and Training Center for Children’s Mental Health in Tampa presents a model for evaluating community-based mental health systems of care for children. The fact is that while professionals call for the abandonment of many of the traditional approaches to child mental health because of their lack of proven effectiveness, new methodologies suffer from the same lack of demonstrated efficacy. But there is much activity throughout the country to apply empirical rigor to programs; the model offered here promises to be a useful guideline for those engaged in evaluation research.

To conclude, we would like to thank Robert Cole, Ellen Kagen, and Diane Sondhiemer for helping us review manuscripts for this special issue on the administration of child mental health services. We hope readers will find that

the articles provide an exciting and dynamic view of the state of the field and inspire strong movement toward the goal of providing improved mental health services to those in need.

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