MEDICAID:
Principles for Treatment of Children and Youth with Emotional and Substance Use Disorders

National Association of Psychiatric Health Systems

Accountability for Children's Mental Health

March 2006

The following statement was developed by a joint task force drawn from the leaderships of the National Association for Children's Behavioral Health (NACBH) and the National Association of Psychiatric Health Systems (NAPHS).

PREAMBLE

Children and adolescents with emotional and substance use disorders—and their families—are one of the most at-risk populations served by the Medicaid program—and one of the populations that can benefit most from early and appropriate behavioral healthcare interventions.

As Congress and the states work to reform Medicaid, it is important that the needs of this population be understood—and met. Doing so appropriately saves money, saves lives, changes futures, and ensures healthy communities.

DID YOU KNOW?

Half of those who will ever be diagnosed (in their lifetimes) with a mental disorder show signs of the disease by age 14,[1] *according to a recent study.*

DID YOU KNOW?

Most American children and adolescents experience normal and healthy development. But in any given year, 5% to 9% of children and adolescents have a serious emotional disturbance that causes substantial impairment in functioning at home, at school, or in the community.[2]

DID YOU KNOW?

Mental illnesses can be lethal. *Following unintentional injuries and homicide, suicide was the third leading cause of death in 2000 among 15- to 24-year-olds—10.4 of every 100,000 persons in this age group. Suicide was the 3rd leading cause of death among children ages 10 to 14.*[3,4,5]

Congress has made it clear over the years that it is necessary to provide a comprehensive array of services to children and youth. Congress has made children and youth a priority within Medicaid. The federal government set the tone for serving children and youth by mandating comprehensive assessments and periodic screenings and by providing a package of Medicaid services (embodied in targeted case management, rehabilitation, and services offered in the under-21 benefit) to provide a comprehensive array of services essential to ensuring that children and families receive the services they need. As a result, Medicaid has played an essential role in ensuring comprehensive coverage for young people with emotional and substance use disorders.

Without Medicaid, there is no access to or coverage of mental health care for many of our country's most vulnerable—and treatable—children and youth.

In an era of limited resources, there must be accountability at every level. To maximize limited resources, services must be appropriate and relevant. The federal government and states deserve accountability for every dollar spent. Providers must be held accountable for delivering appropriate and relevant services. The federal government and the states must be held accountable to assure that the Medicaid program operates fairly and within Congressional intent. Practice is promoting positive change in the lives of children and youth, and providers are working to measure the value and outcome of treatment.

At the same time, all sectors (private and public) must be encouraged to provide their fair share of coverage for the full array of services for youth with behavioral disorders. In particular, in today's world, it is more essential than ever to recognize—and preserve—the lifeline that Medicaid provides in the lives of children with emotional and substance use disorders.

NACBH and NAPHS share a common vision based on the following principles. We encourage Medicaid—and all other payers—to make decisions on access, coverage, and funding based on these principles.

WHAT WE BELIEVE

- **Emotional health is essential to overall health**. Emotional health contributes to secure and safe environments; children who are ready to learn; productivity (by helping individuals achieve their optimum level of functioning); independence, self-reliance, and individual responsibility; and community well-being and comfort.

- **Early, appropriate—and adequate—intervention and treatment to address emotional and substance use disorders among children and youth improve health in both the short and the long term.** Left untreated, behavioral disorders contribute to poor health, inability to learn, accidents/violence, family problems—and to added costs for the Medicaid program and society at large.

- **The needs of the child must drive treatment and placement.**

- **The appropriate entry point for determining care/treatment options is a comprehensive evaluation that identifies the child's needs, identifies clinically appropriate services, and develops an individualized plan of care.** A comprehensive evaluation must look at the complex factors that impact a child (such as family history, education, social issues, medical needs, and functional abilities).

- **The child and the family (or guardian) are partners** in developing—and carrying out—a child- and family-centered treatment plan.

- Because each child is unique—and because individual needs change and evolve over time, **children and youth with behavioral disorders must have access to a comprehensive array of behavioral health services including both 24-hour care and treatment and non-24-hour care and treatment**. A comprehensive array of services would include all of the following.

  - psychiatric hospitalization
  - residential treatment
  - group home services
  - therapeutic/professional foster care
  - emergency foster care
  - emergency shelters
  - partial/day programs
  - intensive outpatient
  - outpatient
  - in-home care
  - independent living
  - in-home therapy/family support
  - respite care

NOTE: Payers, providers, and others may use different terminology to define/describe/license these community services. However they are defined, a comprehensive array of services would include all of the above services.

DID YOU KNOW?

"Since children develop rapidly, delivering mental health services and supports early and swiftly is necessary to avoid permanent consequences and to ensure that children are ready for school. Emerging neuroscience highlights the ability of environmental factors to shape brain development and related behavior. Consequently, ***early detection, assessment, and links with treatment and supports can prevent mental health problems from worsening****."*[6]

DID YOU KNOW?

Alcohol is the most commonly used psychoactive substance during adolescence. *Its use is associated with motor vehicle accidents, injuries, and deaths; with problems in school and in the workplace; and with fighting, crime, and other serious consequences.*[12]

- **Every child needs a safe environment in which to receive treatment**.

- **Services must be coordinated across the multiple and overlapping systems with which children come in contact and between levels of care**.

- **To sustain a full array of community services (both 24-hour and non-24-hour) to meet the needs of children and youth with emotional and substance use disorders, funding and payment must be commensurate with the cost of delivering the intensity of services required by the child or adolescent (including the cost of meeting state and federal regulatory requirements)**.

RECOMMENDATIONS TO CONGRESS

MEDICAID ACTION STEPS

To protect America's youth, we need to ensure that all children and adolescents have access to a full array of comprehensive mental health services.

Congress and the states should:

- **Ensure that a comprehensive evaluation and screening of children [such as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT] is available.**

  - Ensure that EPSDT remains a strong and viable part of the Medicaid program.
  - Require development of a comprehensive and uniform developmental and psychological screen as well as periodicity schedules.
  - Encourage use of EPSDT as a cost-effective way to identify—and treat—young people with emotional and substance use disorders before their conditions contribute to chronic, costly medical expenses for Medicaid over the long term.

- **Protect coordination of services through case management.** Maintain targeted case management within Medicaid. Targeted case management is a point of entry. Children and youth need multiple services from many different programs and agencies (such as mental health, education, family services, etc.). Coordination of services is essential to positive outcomes and meeting the comprehensive needs of children.

- **Protect the rehab and clinic options within Medicaid**. These options are the only access points for many Medicaid youth with behavioral disorders to the services they need. Comprehensive community-based services, including wraparound services, are key to successful programs for young people. The rehab and clinic options play a vital role in ensuring access to these community-based services.

- To ensure that young people most at risk and most in need are receiving high-quality 24-hour behavioral health services, **clarify the conditions under which both the government and providers administer, operate, and monitor the psychiatric "under 21" benefit.** This will provide accountability and help to ensure quality and safety. *Psychiatric residential treatment facilities* provide a comprehensive, 24-hour structured milieu that is a crucial part of a comprehensive array of 24-hour behavioral health services essential for young people with emotional and substance use disorders.

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DID YOU KNOW?

Fifty percent of youth with serious emotional disorders drop out of high school.[9]

DID YOU KNOW?

Without access to appropriate mental health resources, many youth end up in jails.

According to a Congressional report, over a six-month period, nearly 15,000 incarcerated youth waited for community mental health services. Two-thirds of juvenile detention facilities that hold youth waiting for community mental health services report that some of these youth have attempted suicide or attacked others. Juvenile detention facilities spend an estimated $100 million each year to house youth who are waiting for community mental health services.[10]

DID YOU KNOW?

An estimated ***two-thirds of all young people with mental health problems are not getting the help they need.***[11]

DID YOU KNOW?

Depression can lead to school failure, alcohol/drug use, or even suicide.[7] ***Once identified, depression can almost always be treated successfully,*** *either with medication, psychotherapy, or a combination of both.*[8]

This document, developed in 2006, was prepared by a joint NACBH/NAPHS task force. The task force first met in January 2006 to begin a dialogue on areas of common concern and interest. The development of these shared principles on community services is intended as a starting point for ongoing collaboration and consensus building aimed at advocating for children and youth with emotional and substance use disorders.

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