

CHILDREN'S MENTAL HEALTH STUDY

REPORT 02-5

REPORT DIGEST

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OVERVIEW

This JLARC study was mandated in the 2001-03 Biennial Budget. It reviews whether legislative intent has been fulfilled concerning the coordination of children's mental health planning and services and the implementation of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The study analyzes whether the 1991 children's mental health coordination statute provides appropriate direction for the Office of Financial Management (OFM) and the Department of Social and Health Services (DSHS) to carry out policy and management responsibilities. The availability and reliability of fiscal, program, outcome, and management data is also reviewed.

As a result of findings in these areas, this report makes five recommendations aimed at:

- Streamlining and better integrating programs and services; and
- Increasing the systematic collection, analysis, and reporting of children's mental health service outcomes and costs.

This study had a limited scope that did not include an evaluation of unmet needs for children's mental health services in Washington State.

BACKGROUND

Nationally, states' responsibilities for children's mental health care are dispersed across multiple child-serving systems: schools, primary health care, mental health systems, the juvenile justice system, child welfare, and substance abuse treatment. This pattern reflects the complicated nature of mental illness and the range of approaches to diagnosis and treatment. The 1991 Washington Legislature encouraged the development of community-based interagency collaborative efforts to plan for and provide mental health services for children. The Legislature intended to coordinate existing categorical children's mental health programs and funding, ensure sensitivity to unique cultural circumstances, eliminate duplicative case management and, to the greatest extent possible, blend categorical funding to offer more service options to each child. A framework for these planning and reporting requirements is included in state statute (RCW 71.36.005).

GENERAL CONCLUSION

The current situation in Washington mirrors the national pattern where children's mental health care is provided by multiple child-serving systems. Specific goals, eligibility criteria, funding rules, service delivery, and administrative structures differ among these systems. Information about the outcomes, cost, quantity, and quality of these services cannot be determined without making improvements to financial and program data reporting and analysis.

STUDY FINDINGS

Organization and Coordination of Public Mental Health Services for Children

In Washington, a total of nine state-level agencies, administrations, and divisions have responsibility for providing children's mental health-related services. Each has a distinct program and financial structure targeted to specific populations to be served. Due to data limitations and definitional issues, the specific number of children served by all of these agencies cannot be determined.

DSHS contains six of these providing agencies and is the state's social service coordinating and mental health authority. JLARC finds that DSHS has not adjusted its financial or program management activities to systematically coordinate services across DSHS child-serving agencies and programs. This limits the agency's ability to coordinate children's mental health programs and funding.

Coordination of children's mental health services with services from other child-serving entities is carried out by Regional Support Networks (RSNs) at the local level. JLARC finds that some RSNs have developed approaches to work with the state's categorical financial and program structures.

In summary, we find that the legislative intent regarding overall coordination has not been met.

Specific Responsibilities of OFM and DSHS

JLARC finds that OFM and DSHS met the 1991 statutory requirements to create a state plan for EPSDT screenings. That plan, however, has not been updated and is now obsolete.

JLARC also finds that OFM did not develop or maintain an inventory of publicly funded children's mental health services as specified in 1991 legislation.

In order to learn what efforts would be required to develop such an inventory, and how such information might be used, JLARC engaged consultants to develop a limited inventory. One finding from this work is that standard definitions of mental health services can be developed, and information about the array of services available in Washington can be used for service coordination. However, gathering more specific information about service delivery would be difficult and costly to collect and maintain.

Availability and Reliability of Fiscal, Program, and Outcome Information

We reviewed efforts underway by the DSHS Mental Health Division (MHD) to improve the type and quality of information available to manage its mental health system. We also contracted with experts in the field of children's outcomes measurement to review state-of-the-art practices in children's mental health and to provide recommended measures for children. We found:

- DSHS/MHD has undertaken a variety of activities since the 2000 JLARC Mental Health System Performance Audit to improve data quality and collect outcomes information.
- Accurate cost and service data are essential to measuring program outcomes. Throughout the entire children's mental health system, the availability, reliability, and use of fiscal, program and outcome data is limited.

JLARC's consultants developed performance and outcomes measures to provide information about access, quality, outcomes, and cost of care for children.

SUMMARY OF RECOMMENDATIONS

1. DSHS, as a coordinating agency, should identify issues that limit its ability to coordinate children's mental health programs, and should make changes to support cross program collaboration and efficiency.
2. DSHS/MHD should continue to implement and collect reliable mental health cost service data to support an outcome reporting system specific to children's mental health.
3. The Medical Assistance Administration (MAA) and MHD in DSHS should jointly revise the EPSDT plan to reflect the current mental health system structure.
4. The Office of Superintendent of Public Instruction and DSHS/MHD should identify examples of mental health and education systems coordination and share this information among other school districts, Regional Support Networks and other agencies.
5. The Legislature should update statutes to reflect a focus on improvement of cost, service, and outcome data and eliminate the requirement to maintain an inventory of children's mental health services.