

Report Highlights

Pennsylvania's Mental Health System for Children and Youth

Act 2004-147 requires the LB&FC to conduct a study of the Commonwealth's mental health system for children and youth, including the act's new consent and petition provisions. Under these provisions, parents may, on the recommendation of a physician, consent to inpatient services without their child's consent. The act also allows the minor to petition the court for release from treatment.

Findings:

- Nationally, about 5% of children have a serious emotional disturbance (146,000 children in PA). From 1986 to 1997, the number of children receiving mental health services almost doubled.
- The Commonwealth's child mental health system is fragmented and complex, involving numerous state and county agencies.
- Although PA spends over \$1 billion public dollars for mental health services for minors, there is no systematic approach to evaluating the effectiveness of these services.
- Private insurance plans provide a relatively small percentage (about 22%) of the funding for mental health services.
- After difficulties, DPW's MA realignment initiative appears to be gaining acceptance.
- Different juvenile justice programs use different screening and assessment tools, creating difficulties in monitoring children as they progress through the system.
- Wraparound services are costly (\$437 million in 2003); there are questions about the efficiency/effectiveness of these services.
- Act 2005-42 requires many families with "loophole" children (social security disability) to pay premiums and co-payments.
- Significant gaps exist in services, including not enough child psychiatrists, transitional services for persons 18-21, services for juveniles with co-occurring disorders, educational services in partial hospital settings, respite care for families, outreach and education, prevention programs, training and workforce shortages, and culturally appropriate services.
- Act 147's consent and petition provisions have been used only infrequently to date (we

could identify only 3 instances). DPW has not issued final guidance to counties or providers on the act.

- Efforts to implement the 2004 Autism Task Force report recommendations have begun.

Recommendations:

1. The Commonwealth should develop a strategic plan and prioritize objectives for improving children's mental health services. The Governor should create a Children's MH Services Coordinator, reporting to the Secretaries of Public Welfare, Education, and Health, to take the lead in developing such a plan. The plan should emphasize steps to: address service gaps, promote greater school district involvement, establish effective outreach programs, improve training for MH workers, and develop outcomes-based information on the effectiveness of treatments.
2. DPW should take steps to further encourage evidence-based programs and services; serve as a clearinghouse/registry/advocate for proven programs; fund an evaluation study of Therapeutic Support Services; and monitor efforts to evaluate residential treatment facilities.
3. DPW should review and, where necessary, strengthen controls to ensure the behavioral health services paid for are actually delivered; e.g., require quarterly reports to parents.
4. DPW should provide guidance to providers and counties as to their responsibilities under Act 147's consent and petition provisions.
5. The General Assembly should consider (1) amending the Juvenile Act to address concerns about self-incrimination when using MH screening and assessment instruments and (2) amending statutes on confidentiality requirements if it is determined that these changes cannot occur through regulatory amendments.
6. The Department of Insurance should explore the feasibility of including evidence-based mental health programs in its CHIP program.