

# Survey of Children and Youth Services

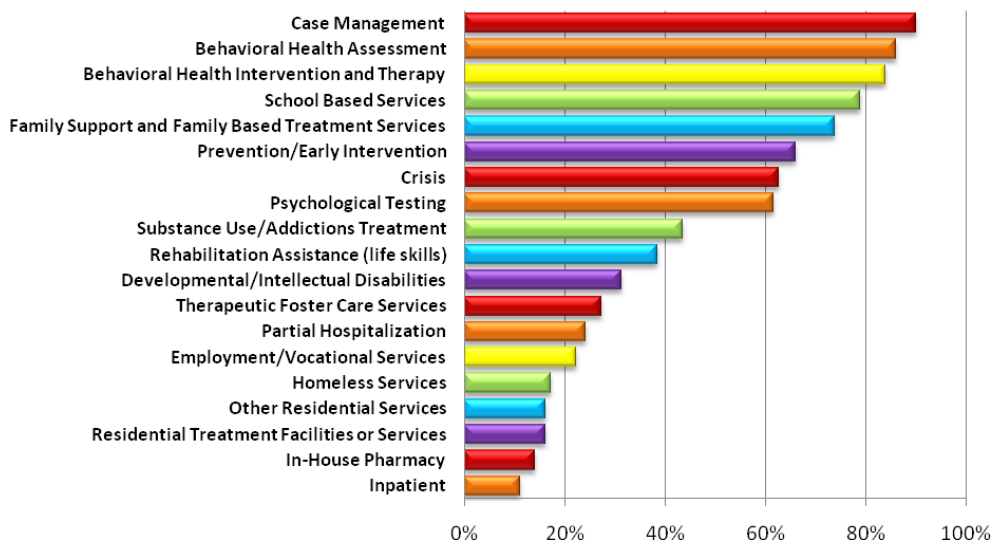
The need for mental health and addiction services among children and youth is incredibly great, and the ramifications of not meeting the needs of this vulnerable population have a profound effect on the lives of millions of young people and their families. The National Council’s 1700 member organizations offer critical mental health and addiction treatment services to nearly 6 million adults, children, and families in communities across the country. The National Council recently conducted a survey<sup>1</sup> of a select number of member organizations to gain new insights into the populations served, financing structures, challenges in providing services, and to support our ongoing public policy agenda.

While a majority of the survey respondents provide services across the age spectrum, slightly more than a third of the respondents are primarily child and adolescent providers, delivering 90% or more of their services to children and youth. Overall, respondents reported a diversity of referral sources with schools and self referred clients accounting for the largest proportion of referrals.

## TYPES OF SERVICES PROVIDED

A majority of respondents provide a range of case management, assessment, behavioral health intervention and therapy, and school based services to children and youth.

Percentage of Respondents Providing Services Listed



- ◆ **Two thirds of those surveyed are engaged in primary or secondary prevention activities for children and youth in their community, such as, HeadStart, life skills training, after school programs for at risk youth, and substance use prevention.**

- ◆ **58% of members polled said that they do not have a specific program for Transition Age Youth** (approximately age 16-21); however, when asked to identify 3-5 innovative programs that they would like their organization to implement, many specified that they would like to offer programs specifically for young adults in transition.

## SERVICE DELIVERY

- **Two-Thirds of respondents employed psychiatrists (69%), clinical social workers (67%), and licensed professional counselors (65%)** that specialize in children and youth services. Child Psychiatrists have the largest caseload overall. Almost half of respondents also employed marriage and family therapist (45%), psychiatric nurse practitioner (44%), and psychologists (44%).

*“Our Caseloads are high and attracting and retaining experienced clinical staff in a community mental health center is a constant struggle.”*

- **60% of respondents have a medication management protocol** for children and youth but **less than a third (27%) use an electronic medical record** to standardize and network.

*“We have an electronic medical record which includes our primary medicine services. This includes e-prescribing and the electronic databases that help to monitor and warn re: multiple medications.”*

- **50% of the organizations surveyed have a program or coordinator to manage referrals** and collaboration with primary care providers and pediatricians in the community. While only half have such a person or program, many provided positive feedback about the benefits of designating a specific person to work regularly community providers and insurance companies.

*“Our Program emphasizes PCP and specialist collaboration since helping families ensure their children receive immunizations and identify any early developmental issues is a goal of the program.”*

- **Medicaid, self-pay, and commercial insurance were the top three payors.** For the majority of respondents, **Medicaid accounts for the largest percentage (66-70%) of their children and youth service budgets.**

## CHALLENGES

- ◆ The top four challenges listed by providers were lack of **funding to cover service costs, misunderstanding of how to pay for parental participation, inadequate coordination with adult services systems, and lack of access to qualified professionals to evaluate and manage medication needs.**
- ◆ **67% of members have seen a change in coverage or reimbursement for child and youth services** (e.g., eliminating services, or reducing service intensity and staff). Members nationwide have reported that state budget cuts are making it increasingly difficult to serve children and youth.
- ◆ Almost two thirds (61.5%) report State **cost shifting**, most commonly to local providers and county agencies and eliminating coverage for populations and services not covered by Medicaid.

*“I have been involved in mental health services for nearly 30 years and it seems that the numbers of clients in need goes up while financial support through general funds from the state have declined.”*

Not surprisingly, these issues are also the focus of several bills in Congress this year. The *Mental Health in the Schools Act of 2009* (H.R. 2531) enhances the scope of the Safe Schools-Healthy Students program administered by SAMHSA to support a public health approach to school-based mental health services and requires a local education agency to sign memorandums of understanding with relevant community-based entities. Another bill

in the House, the *Healthy Transitions Act of 2009 Act of 2009* (H.R. 2691), is modeled on the Partnerships for Youth in Transition demonstration program and establishes a planning grant program for states to implement effective transition-age mental health services and supports.

In addition, several loan repayment programs have been included in the Healthcare reform bills, including an expansion of the National Health Service Corps and creation of a new Pediatric Specialty Loan Repayment Program for individuals employed full-time, in health professional shortage area medically underserved area, or serving a medically underserved population, “providing pediatric medical subspecialty, pediatric surgical specialty, or **child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services.**”

The National Council continues to advocate for the passage of these bills as part of our overall public policy agenda.

For more information visit the Children and Youth section of the National Council’s website:

[http://www.thenationalcouncil.org/cs/children\\_and\\_youth](http://www.thenationalcouncil.org/cs/children_and_youth)

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<sup>1</sup> Data was compiled from 178 National Council member organizations who responded to an online questionnaire about their children and youth services. More than a third of respondents (38.2%) appeared to be primarily child and adolescent providers and delivered 90% or more of their services to children and youth. Another third provided between 26 and 55% of their services to children and youth. A third of respondents (33.3%) are child welfare providers.