National Alliance on Mental Illness

NAMI's Leadership Institute

Advocacy: Bringing Effective Interventions to Children and Their Families

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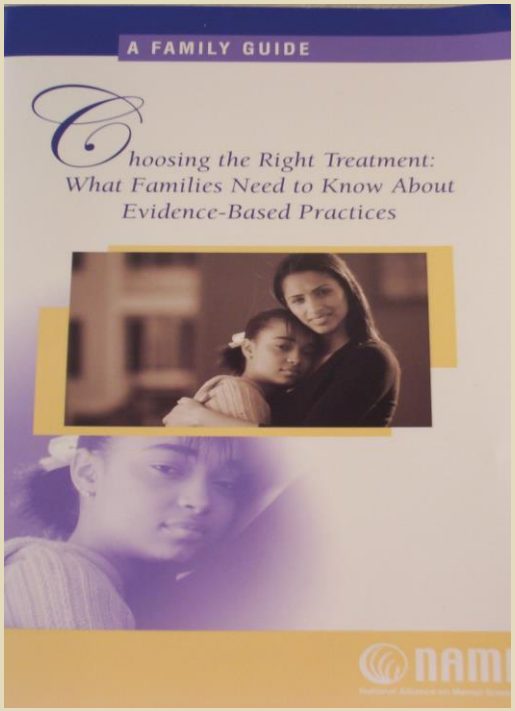
What are EBPs?

Evidence-based practices have been defined as …

- Treatment interventions, services and, supports that have consistently shown positive outcomes for children and families through research studies.
- The integration of best research evidence with clinical experience and consumer values. The Institute of Medicine – IOM

What are EBPs?



Educated and informed families are in the best position to advocate for EBPs.

Learn more about EBPs from NAMI's Family Guide on EBPs …

Why Advocate for EBPs?

- Promise to improve the quality of care provided to children and their families;
- Promise to increase provider and systems' accountability (show me the data); and
- Promise to improve treatment outcomes (focus on improved school attendance/performance, symptom reduction, reduced out-of-home placement, improved family/peer relationships, reduced contact with JJ and law enforcement, reduced substance use, and more).

Why Advocate for EBPs?

We know a lot about what works, yet …

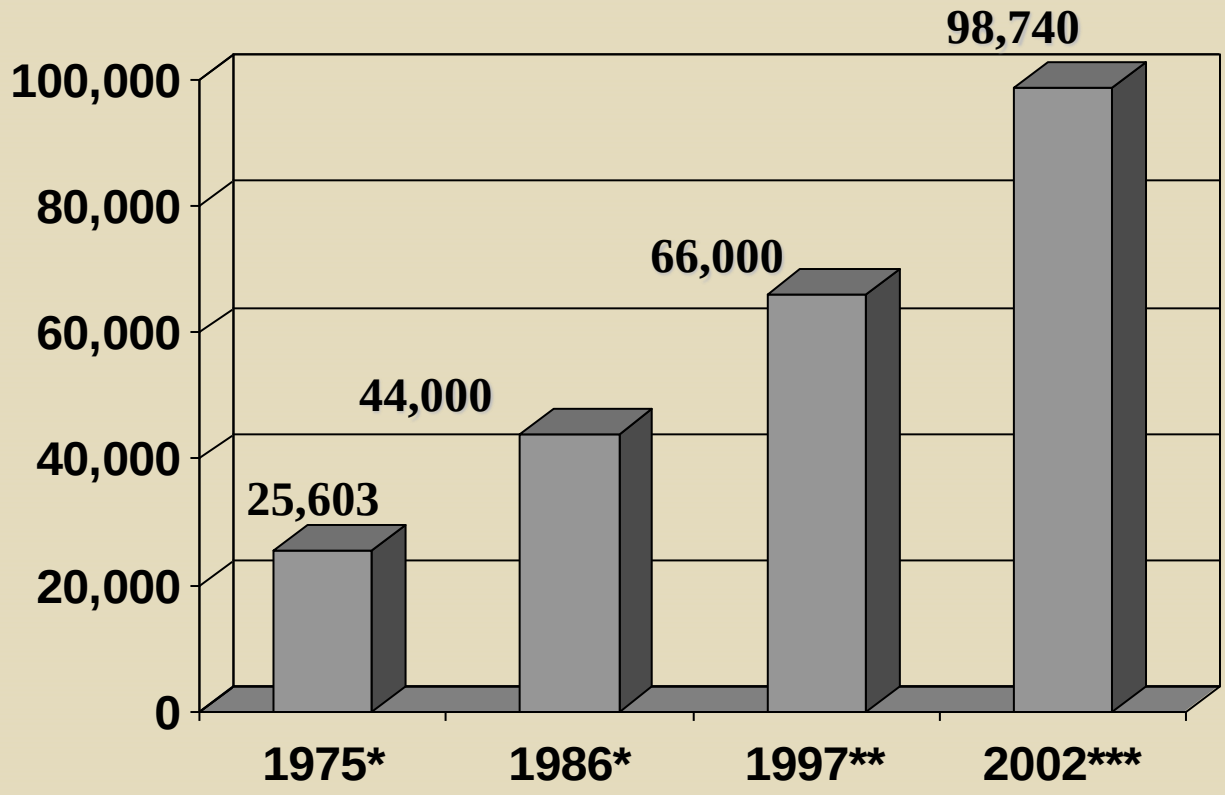
"Treatment and services based on rigorous clinical research languish for years rather than being used effectively at the earliest opportunity. The lag between discovering effective interventions and incorporating them into routine practice is about 15 to 20 years."

IOM Report, 2001 & New Freedom Commission Report, 2003

Why Advocate for EBPs?

- Too many children and adolescents are being treated in costly and restrictive settings, contrary to research showing that most do far better at home and in their communities.
- Home and community-based services often produce better results, cost far less, and allow states and communities to serve more children and adolescents.
- Research shows better treatment outcomes for youth with serious MI receiving community-based services as compared with those in RTCs, and yet …

National Use of Residential Treatment Facilities for Youth with Mental Illnesses



*Burns, 1991
**Warner & Pottick, 2003
***Buck, 2006

Presentation by Barbara J. Burns, Ph.D. for CMS, June 2006.

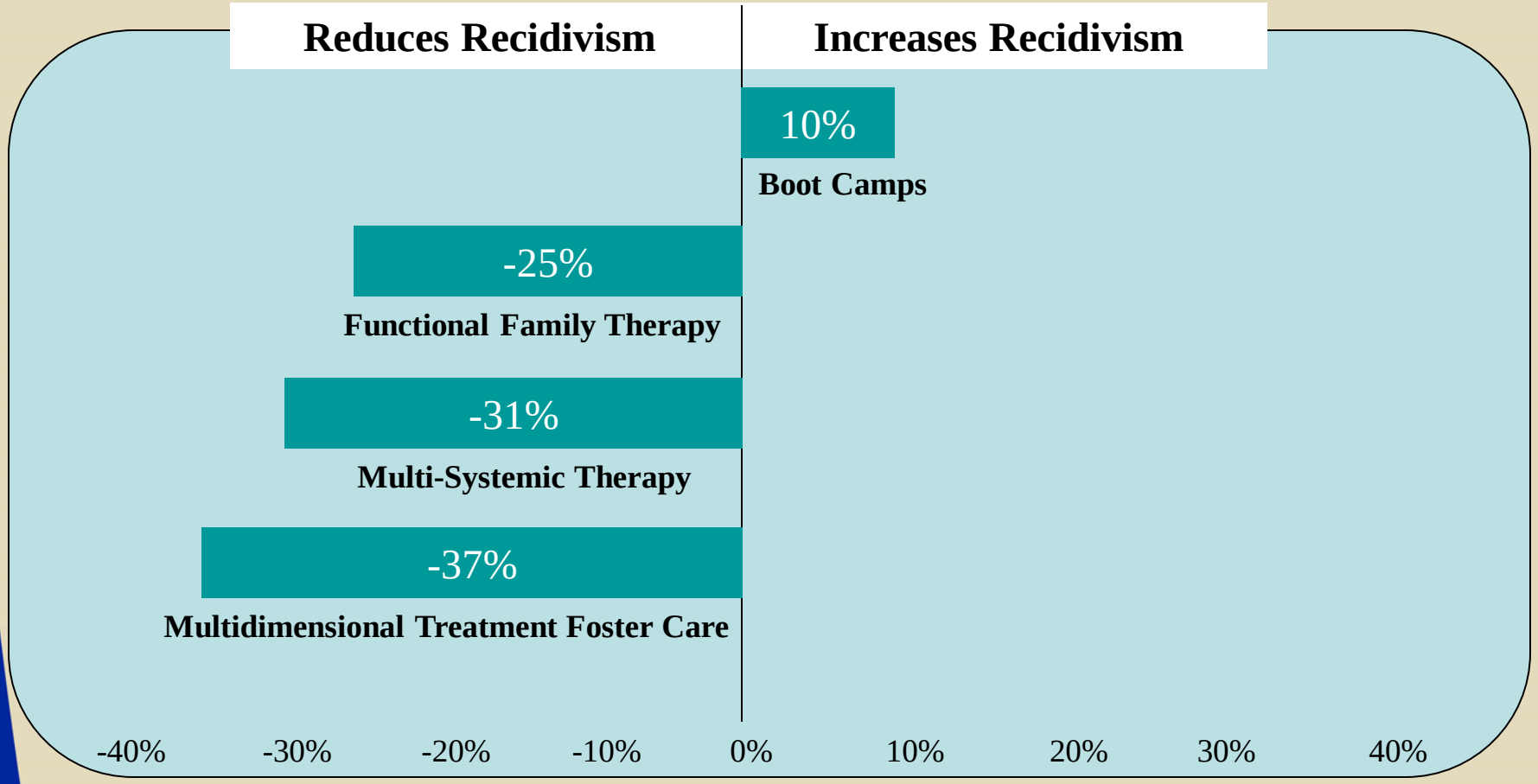
Fundamental Flaws in Relying on RTCs and Out-of-Home Placement

- Without effective community services, when youth are discharged there is no follow-up in the community;
- Supports are often needed at home when the child returns, but home-based services are not available;
- Youth are sent far away and there is minimal or no connection with the family, makes transition back extremely difficult; and
- Without adequate home and community-based supports, these youth are returning to the same circumstances that sent them in, they are set up to fail.

Why Advocate for EBPs?

- Scandal that youth with mental illnesses continue to be placed in boot camps and wilderness programs despite the clear evidence showing they are harmful and provide no benefit.
- GAO Report released October 10, 2007 found thousands of allegations of abuse at residential programs that included boot camps and wilderness residential treatment programs.
- Not just harmful, but a waste of public funds…

EBPs Reduce Recidivism



SOURCE: Meta-analysis conducted by the Washington State Institute for Public Policy

Why Advocate for EBPs?
Harmful interventions continue to exist…

Boot camps are harmful for youth with mental health treatment needs and yet …they exist in many states, including AL, AZ, CO, IA, MO, UT, WV, and likely other states.

They are also a waste of public and private funds.

Why Advocate for EBPs?

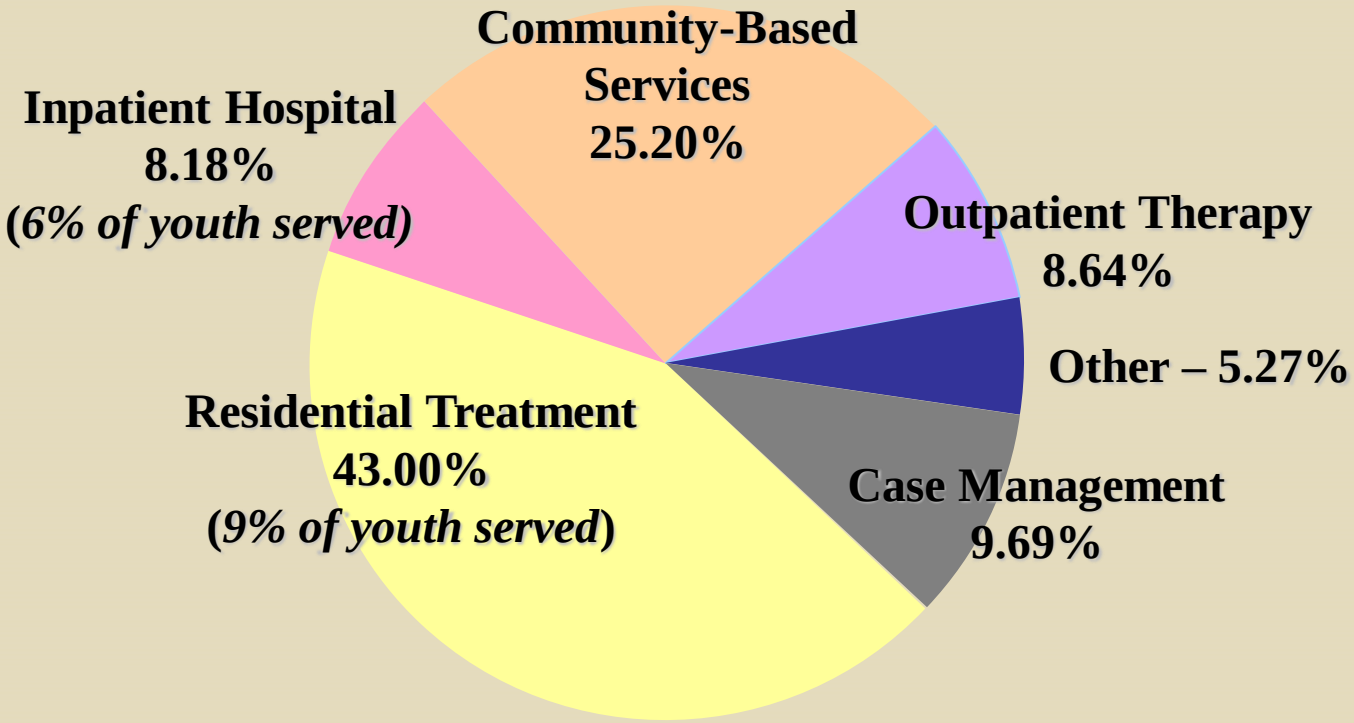
Too many state budgets continue to show that states spend large chunks of their MH services budget on costly RTCs despite weak evidence of effectiveness, especially when compared with more effective HCB services.

Do you know how the MH dollars are spent for children in your state and local community?

A Case in Point …

An Example of One State…

Children's Mental Health Services in North Carolina
Expenditure by Treatment Type for FY 2005



Presentation by Barbara J. Burns, Ph.D. for CMS, June 2006.

SOURCE: North Carolina Division of MH/DD/SAS

EBP Movement …A National Priority

- We must close the gap between what we know from research works and what is practiced. Surgeon General's Report, 1999
- The lag between discovering effective forms of mental health treatment and incorporating them into routine clinical practice is 15-to-20 years. New Freedom Commission on Mental Health Quoting Crossing the Quality Chasm, IOM, 2001.
- Call for closing the research to science 15-to-20 year gap. Transforming Mental Health Care in America. Federal Action Agenda, 2005.

Getting from Here to There: Strategies for Change

- The Legislative Route
- Capitalize on Current Initiatives and Opportunities
- Champions, Leaders, and Allies

Getting from Here to There: The Legislative Route

Ask legislators to appropriate funds to study service delivery and financing for children with MI and to invest in EBPs:

- More efficient and cost effective use of public funds ~ spending $$$ in the right places;
- Better outcomes with EBPs ~ improved school attendance, reduced contact with law enforcement, reduced substance use, and more; and
- Too many youth are receiving costly institutional care away from their homes and communities.

Getting from Here to There: The Legislative Route

Incentives for Legislators:

- Accountability for Public Funds.
- Warehousing of youth with MI is high cost to taxpayers, produces poor outcomes, and harms young lives.
- Redirect efforts to EBPs ~ keep children at home and in their communities and prevent them from falling deeper into the system (intervene early and effectively).
- Call from national leaders to implement what works for children and families.

Getting from Here to There: The Legislative Route

Challenges with Convincing Legislators About EBPs:

- Political Will ~ legislators have ties, sometimes financial, to institutional providers;
- Like Bricks and Mortar ~ home and community-based services less understood; and
- Involves Long-Term Planning and Commitment ~ legislators tend to be short sighted.

Getting from Here to There: The Legislative Route

But it certainly can be done and is being done … examples of states focused on EBPs:

Connecticut – legislature requested a study of financing and service delivery in children's MH. Led to system restructuring, increase in home and community-based services, and reforms designed to reduce restrictive services in psychiatric hospitals and RTCs.

Getting from Here to There: The Legislative Route

Connecticut:

Development of the Connecticut Center for Effective Practice ~ working to help bring additional EBPs to statewide implementation;

CT is implementing multi-systemic therapy statewide and has adopted a number of other EBPs, including multidimensional family therapy, functional family therapy, brief strategic family therapy, treatment foster care and intensive home wrap-around/psychiatric services.

Getting from Here to There: The Legislative Route

Washington state:

In 2006, legislation passed to reform the children's MH system to include EBPs.

Legislature directed WA State Institute for Public Policy to study a pilot program for EBPs in children's MH with outcomes examined, including MH services, hospital use, RTC or out-of-home placements, use of CW services, school attendance, involvement with JJ, and cost effectiveness.

The University of WA is providing training, QA, and will monitor implementation and outcomes for the services provided.

Getting from Here to There: The Legislative Route

Washington state:

The pilot project consists of a collaboration of child-serving agencies (MH, University, community youth services, CW, schools, JJ and police, and private agencies).

The collaborative chose MST as the first EBP to implement and will add additional EBP interventions.

Outcomes for children will be tracked for 2 years.

See handouts for WA state.

Getting from Here to There: The Legislative Route

Other states with support for state-wide EBP reform:

- Michigan – implementing CBT and PMT.
- Illinois – Children's MH Partnership and Evidence-Informed Practice Committee.
- Georgia – Positive Parent Training in Juvenile Justice.
- Oregon – EBPs required for reimbursement of MH services.
- NY, CA, and OH – developed training institutes and centers of excellence on EBPs in children's mental health (PA has just joined this group).

Some final words on the legislative route …

- Keep track of proposed funding for services and transformation activity in children's MH ~ ask about research supporting proposed interventions (remember institutional care has weak support);
- Some states like to follow the lead of others, especially their neighbors, find out about promising EBP legislative activity in other states (see www.nami.org/caac).
- Legislation supporting EBP reform is just the start.

Capitalize on Current Initiatives and Opportunities

MacArthur Models for Change Project

- Original states: IL, LA, PA, and WA
- Partnering states: CO, CT, OH, and TX

Work being done to improve the nation's JJ system by addressing the way JJ addresses the needs of youth with mental illnesses.

An opportunity for broader systems' reform ~ what is sending kids with MIs into JJ, what is the role of schools, are systems collaborating, can families access services, what is the landscape?

Capitalize on Current Initiatives and Opportunities

MacArthur Project working to …

- Develop strategies to better identify and treat youth with MH treatment needs in the JJ system.
- Implement screening and assessment for youth entering the JJ system and develop effective evidence-based diversion programs to better meet the needs of youth.
- NAMI's involvement with the MacArthur Foundation outside of the MFC project.

Capitalize on Current Initiatives and Opportunities

- For all reform efforts, ask about outcomes and research to support the proposed interventions.
- If an EBP does not fit for the population of children to be served, ask for outcome-based performance measures (decreased out-of-home placement, reduced symptoms, decreased substance use, decreased contact with JJ and LE, improved school attendance and performance, and more).
- Media stories and tragedies spark action ~ strike while the iron is hot, use it to demand change!

Interesting Facts Learned from Target States for the MacArthur Project

- In one state, the children's MH director shared that they spend more than a billion dollars on MH and SA services (mostly MH) but they do not track outcomes for those services.
- In another state, a state survey revealed that 92% of providers were very interested in EBPs, however most admitted to knowing little about them.
- The reality is that those facts are probably true in many states.

Champions, Leaders, and Allies

- Change is hard, especially for bureaucrats.
- States engaged in innovative EBP reform identify the critical importance of strong champions and leaders.
- Many states start with EBP pilot projects and then move to state-wide reform. The key is to see some progress …

Champions, Leaders, and Allies

Watch for initiatives spending too much time on EBP planning …reform comes with lots of planning …

- Ask for timelines and commitments ~ how many providers will be trained on EBPs; when will the EBP training take place, when will the outcomes' tracking systems be developed, how many children and families will the system serve, and related issues.
- Track deadlines and hold them accountable.

Champions, Leaders, and Allies

Often the best champions are legislative leaders willing to push funding legislation for a study/needs assessment, the development of a Ctr. of Excellence on EBPs, and in investment in systems' change (EBP training and supervision, ongoing TA, data systems development to track outcomes, and more).

A strong MH leader can also be a champion for change and will go to the legislature to advocate for funding.

Champions, Leaders, and Allies

Look for allies in systems most impacted by a failed MH system …

- Good potential: courts and judges, law enforcement, and juvenile justice.
- Good potential: child welfare.
- Possible potential: schools.

Caveat: some of these cut both ways. Judges may be more comfortable placing youth in RTCs than community-based programs. Schools often want these kids out. CW may be too overwhelmed to become an ally.

What Will it Take to Close the Science to Service Gap?

Strong Advocacy

Strong Leadership

In the end…what matters is that…

- Services and supports fit the needs of youth and families and produce positive results **for them**;
- Youth and families are engaged, actively involved in the treatment planning, and seeing positive results; and
- Youth are equipped with the life skills they need and have a chance to grow into independent and productive adults.

Resources

- GAO Report: Residential Treatment Programs: Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth. Access at www.gao.gov ~ GAO-08-146T, issued Oct. 10, 2007.
- Washington State Institute for Public Policy: www.wsipp.wa.gov.
- MacArthur Models for Change Project: www.modelsforchange.net.

Contact Information

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Visit the child and adolescent section of the NAMI web site at www.nami.org/CAAC