

## **Can we afford *not* to adequately fund the State's Children's Behavioral Health Initiative?**

Recently Yvonne Abraham of the Globe wrote a stunning series of articles on the tragic death of Rebecca Riley, a 5 year old who died at the hands of her South Shore parents due to an overdose of legal drugs prescribed by the family's child psychiatrist. The concerns of school teachers who knew Rebecca were repeatedly minimized and the qualifications of the parents to oversee the administration of such serious medication, as well as the medication itself, should have been seriously questioned.

Recently two young adolescents from Springfield, Phoebe Prince and Carl Joseph Walker-Hoover, committed suicide, despondent over a rash of mean peer bullying which assaulted each youngsters' sense of who she and he was. These are but two of many examples of children with mental health needs whose lives have been made more painful, while their needs have gone un-noticed, ignored, or unmet. According to the Department of Public Health, (Health and Risk Behaviors of Massachusetts youth, May 2008) 13% of high school students seriously considered suicide during the prior year. 11% made a suicide plan and 8% made a suicide attempt. In 2007, 24% of high school students reported feeling so sad or depressed daily for at least two weeks during the previous year that they discontinued usual activities. A significantly larger percentage of females than males reported feeling this way - 31% vs. 17%.

Due the state's lack of attention to children with serious emotional disturbance as is their legal obligation under the federal Medicaid program, in January, 2006 the Massachusetts Federal Court ruled in *Rosie D. v. Romney*, that ordering that the Commonwealth's Executive Office of Human Services develop a system of child and family care that would assure early and accessible intervention in all community settings and family homes. This system of care was named the Children's Behavioral Health Initiative- CBHI- becoming law in Section 1 of Chapter 321 of the Acts of 2008.

The court found the Commonwealth had neglected to provide home-based services to an estimated 15,000 children with serious emotional disturbance. The recognized need for this responsive system of outreach services was to engage the collaboration of all the child and family serving systems- Departments of Children and Families, Mental Health, Public Health, Developmental Disabilities, Early Childhood, Education, and Youth Services. The local hubs were to be well positioned community-based agencies with strong track records of family responsiveness at creative "wraparound" services tailored to families' and kids' unique cultural and human contexts. This would replace the "silos" of fragmented children and family services, where many children have been lost, to well integrated, community systems of care with strong outreach capacities. These agencies would work in close collaboration with all state agencies.

The goal of the Court order was that a struggling parent or caregiver would no longer have to wait for service, or leap from agency scaffold to scaffold in search of responsive, realistic and locally accessible services. This was the answer to many years of testimony from families with seriously stressed and depressed youngsters. It was the model proposed by many social work and related professional researchers with evidence showing that this model was critical and actually worked to keep families together and could help to prevent tragic outcomes.

This system was never intended to replace the mandates and services of the core state agencies. In fact it cannot succeed but in partnership with them. Rather it was to fill in the gaps, to help provide competent outreach and critical assessment of children's and families needs when in crisis. The intent was to avoid overly intrusive, institutional, medical and more costly-yet often less effective-interventions. The nonprofit provider community came forward, taking the risks of starting up with enthusiasm for this integrated model. But ironically, the kickoff date was to be July, 2010, which was also the midst of the perfect economic storm- the state's worst budget crisis since the Great Depression.

As a result, the state agencies have seen cuts to their budgets, reducing their services significantly and shifting their cases and costs to CBHI. The flexible community-based nonprofit agencies have consequently seen successive reductions in the established rates and what will be funded. These organizations are losing critical reimbursement for the very things they were to provide: billing for outreach time, supervision for crises, time for documenting interventions, crucial training.

Quite ironically, the system of care model is intended to move away from the medical model, toward child and family-focused interventions. However, funding has been tied to Medicaid eligibility, forcing a "medicalization" of these interventions. Many of the children and families to be served by these agencies no longer have the protection of the state agencies, as CBHI has been used as a way to lighten the load of the other state agencies with concomitantly decreased budgets and response capacities. Providers are losing money with grossly inadequate funding, unable to keep qualified staff on hand, while agency waiting lists - yes, the same waiting lists that were at the basis of the Rosie D. suit in the first place- increase. This result is the very antithesis to a flexibly responsive system with the intent to intervene with critical needs in timely and preventive ways.

So, today we stand at a crossroad. Just as Massachusetts has finally made these advances in designing a collaborative system that can work and can respond effectively and quickly to the Rebecca's, the Phobes, the Carls, the Rosie D's and their families are in danger of losing it. Further cuts to state children's services, either through its departments of CBHI, and its funding source, Mass Health will devastate this system before it has even had the opportunity to work, and many, many children with different names will pay the price. Protecting these children was the intent of the court's order that established the CBHI and it needs to be taken seriously; the human costs are too great *not* to do so.

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