







What is Public Policy and What is its Connection to the Budget?

The Governor, the Legislature and the Board of Elementary and Secondary Education have the joint responsibility of setting public policy for the children of Louisiana. Public policy for children includes courses of action, regulatory measures, laws, and funding priorities to address their needs.

Ideally, public policy will be a principled guide to address the needs of children and ensure they mature into productive citizens. It should identify a need and direct resources to meet the need in a way that will assure the desired outcome. Good public policy will provide for investments in evidence-based programs that have been shown, through studies, to provide desired results and deliver a real return on investment.

The executive budget is the primary public policy document for the state. Laws and resolutions that identify needs and responses will not be effective if funding is not provided.

As elected officials, the children of Louisiana are your constituents. The future of Louisiana requires elected officials to make children their top priority to guarantee a vibrant Louisiana in the future.

The term, Evidence-Based Practice (EBP), originated in the medical community in the 1990s. An EBP is the current best practice that has been subjected to strong scientific research and interpreted using a very narrow set of methodological criteria. Since the 1990s, the EBP concept has been adopted in many other fields, including child and family services.

LOUISIANA'S CHILDREN Social/Emotional Development

Research has demonstrated that a young child's ability to learn is grounded in a sense of security and stable, continuous relationships with adults, including their families and communities. According to the Center on the Developing Child at Harvard University, "Early experiences determine whether a child's developing brain architecture provides a strong or weak foundation for all future learning, behavior or health." Policies must promote strong, healthy social-emotional development throughout a child's life in order to impact positive school achievement, economic stability and responsible citizenship.

The impact of early childhood social-emotional problems are reflected in child and family distress and suffering or interference with learning and play, problematic relationships with parents, caregivers, peers, and siblings, and future mental health problems. A significant number of children will develop disabling mental health problems like PTSD, anxiety, mood problems, disruptive behavior disorders, and relationship disorders as a result of trauma from natural disasters, community violence, domestic violence, neglect and physical and sexual abuse. Without adequate mental health care, problems can escalate and contribute to school disruptions, substance abuse and juvenile delinquency.

Promising Program for Infants and Toddlers Loses Funding

Investments in early childhood must focus on the emotional well-being of young children. In 2002, Louisiana began a comprehensive program serving the unique developmental needs of infants and very young children, up to age 5. The Early Childhood Support and Services (ECSS), an innovative, best practice program, was funded with both state and federal funds. ECSS provided a coordinated system of screening, evaluation, referral services and treatment and had expanded operations to 13 parishes before losing operating funds of about \$5.25M in 2012. ECSS was based on best practices derived from infant mental health and prevention science

and used a "bottom-up" approach by building a coalition of community agencies to assist these high risk young children and their families. Each ECSS site had an infant mental health team available to provide intensive prevention and treatment services. These teams were comprised of psychiatrists, psychologists, social workers and case managers who had specialized training in infant mental health. ECSS targeted the most vulnerable families in Louisiana and used evidence-based services to promote positive parenting and decrease the likelihood that at-risk children will enter foster care.

Medical Health Care Companies Provide Mental Health Services

In 2011, the Louisiana Department of Health and Hospitals contracted with Magellan Health Services, Inc. as the Statewide Management Organization (SMO) to operate the program that provided behavioral health services to 50,000 children. Magellan was to address the need for additional providers of behavioral health services and, for children from birth to age 18, were paid on a cost reimbursement basis.

New service providers have not materialized requiring a significant level of out-of-state placements for children who require psychiatric residential treatment. This results in higher costs for the state and difficulty for families to be part of the care plan for their children.

In November 2014, it was announced that the State will not renew Magellan's contract and that the five private companies who are currently responsible for the medical care for Medicaid patients will take over behavioral health services as well. The five plans are to have a monthly rate adjustment in order to assume this responsibility. This change will result in a predictable cost for these services. Careful monitoring of this transition to integrated healthcare will be needed to ensure that children receive the care necessary to meet their behavioral healthcare needs.

Coordinated System of Care (CSoC) – Is it Working?

Louisiana also became one of the first states in the nation to formally convene the leadership of the state's four child-serving agencies - the Office of Juvenile Justice, the Department of Children and Family Services, the Department of Health and Hospitals and the Department of Education - to form a statewide Coordinated System of Care (CSoC) for youth with significant behavioral health needs. CSoC is part of the Louisiana Behavioral Health Partnership, which was built by DHH to improve coordination of behavioral health services for all eligible children (including those served through CSoC) as well as adults with serious mental illness and/or addictive disorders. The partnership covers both those in the Medicaid and uninsured populations.

Magellan was contracted to serve a special population of approximately 2500 children with significant behavioral health challenges or co-occurring disorders who were in, or at, imminent risk of out-of-home placement.

CSoC promised to offer wraparound planning and care, as well as specialized intensive and community based services, designed to help children remain in their homes and communities. More than two years later, Louisiana's implementation of the program has experienced significant problems. Due to service unavailability and waitlists, children in crisis may be arrested and put in detention or hospitals instead of receiving the home and community-based services and supports they need.

This failure to provide mandated and essential services not only puts these children and youth in touch with the criminal justice system, jails and hospitals, but is also contradictory to the overarching purpose of CSoC—to keep youth out of institutions and in the community.

An integral part of the CSoC program is the five specialized services specifically designed to keep children with significant behavioral and mental health needs in their homes and communities. Problems with the administration and implementation of the program have prevented children and families from being able to access a number of these critical services, including short-term respite care, crisis stabilization, and parent and youth support and training.

It is unclear what the future of CSoC will be. A short term extension of the Magellan contract was negotiated while the future of the program is under consideration.

Mental Health Care Accessibility for Children

Children who suffer from mental health issues are among the most vulnerable members of the population. In recent years, child welfare professionals have become increasingly concerned about whether such children have access to appropriate mental health care. According to data from the Department of Health and Human Services' 2007 National Survey of Children's Health, about 40% of children ages 2-17 who needed treatment from a mental health professional did not receive it during the previous year. This is unacceptable since early detection and treatment of childhood mental health issues can mitigate negative outcomes such as difficulties with relationships, poor school performance and involvement with the juvenile justice system. If a child has Medicaid coverage, which is common for children in foster care, it can be very difficult to identify mental health specialists. In particular, sexual abuse victims are at high-risk for having mental health problems.

Between 9.5 and 14.2% of children between birth and five years old experience social/emotional problems

that negatively impact their functioning, development and school readiness.

National Center for Children in Poverty



Children's Advocacy Centers (CACs)

Louisiana does have Children's Advocacy Centers (CACs), which are designed to provide a safe and child-friendly atmosphere for children to disclose sexual abuse, physical abuse or their knowledge of violent crimes. In addition, CACs provide specialized services for abused children and their families. In 2013 alone, 4,571 children told their story of abuse; over 43,717 Louisiana citizens were educated on keeping children safe and 7,537 child victims were served with more than 60,000 hours of service.

Children's Advocacy Centers (CACs) strive diligently to improve access to mental health services for maltreated

children. CACs refer a higher proportion of victims to mental health services than comparison communities. They also directly provide mental health services to a significant percentage of their cases. Children served by a CAC are three times more likely to receive mental health services than those involved in a traditional investigation. Although CACs exist under provision of the Louisiana Children's Code, they do not receive state financial support and must depend on local government, grants from foundations, and proceeds from fund raising activities for their budgets.

Policy Recommendations – Social and Emotional Development

Effective public policy is essential in ensuring our state has the capacity to address the emerging needs for the social-emotional development of Louisiana's children and must include the following:

- Reinstate funding for the Early Childhood Supports and Services (ECSS) program, eliminated in 2012. The program provided a coordinated system of screening, evaluation, referral services and treatment for infants and very young children. Recognized as a model program for addressing the social-emotional needs of children, the program previously operated in 13 of the 64 parishes. Operation of ECSS in each region of the state would allow Medicaid reimbursement for covered services.
- Monitor the transition from Magellan to the five Bayou Health Companies to ensure that children receive needed behavioral health services with a quality assessment process in place to prevent gaps in services.
- Maintain a specialized program (CSoC) for children at-risk of out-of-home placement and guarantee that short-term respite, crisis stabilization, and youth and parent support services are available to all participants.
- Allow the Bayou Health private provider agencies to offer the specialized services currently restricted to CSoC. This would dramatically expand access to services and further reduce the costs for out-of-home care.
- Fund and support evidence-based policies, practices and procedures, such as Children's Advocacy Centers, which serve 64 parishes without any state funding.
- Expand the mental health component of the Nurse Family Partnership Program and specialized infant mental health programs for children in foster care.

- Expand the number of mental health clinicians trained to address early childhood mental health issues.
- Provide mental health consultation to early childhood programs to address challenging behaviors.
- Embed training on emotional, behavioral and social development of children and relationship-based practices into all programs serving children birth through age 5 with special emphasis on the birth to age 3 population.
- Ensure that foster and adoptive parents have effective training on emotional, behavioral and social development for children.
- Expand reimbursable Medicaid services to include relationship-based mental health treatment and services including psychotherapy to address the infantparent relationship and attachment; individual and/ or group therapy for caregivers/children; in-home treatment intervention and treatment for children who have been abused/neglected or have witnessed violence.
- Develop and provide training for Part C- Early Steps to ensure appropriate screening for social-emotional impairment, delays and challenging behaviors and how to make referrals for appropriate services.
- Provide infant mental health services in Part C-Early Steps.
- Encourage programs, professionals and agencies who diagnose mental health conditions to adopt the Research Diagnostic Criteria – Preschool Age (RDC-PA) for defining the need for mental health services for children under age 5.
- Increase specialized interventions to address the potential negative impact on social-emotional development resulting from child abuse or neglect, severe maternal depression, parental substance abuse or domestic violence.
- Continue the initiative developed under the LA
 Behavioral Health Partnership to develop the
 workforce of providers of evidence-based practices
 (EBPs) for infant mental health. These services involve
 Parent Management Training, which is a version of
 Parent-Child Interaction Therapy, and child-parent
 psychotherapy.