



CREATING A STRATEGIC PLAN FOR CHILDREN'S MENTAL HEALTH IN NEW HAMPSHIRE

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Creating a Plan

- Prevention (early childhood) 
Intensive Level of Care
- The Problem:
 - Funding
 - Poor coordination and Integration of Care

Data(2009)

- 226,000 children/youth ages 19 and under
- 85,000 young adults ages 20-24
- Prevalence of seriously emotionally disturbed (SED) children in NH same as rest of nation
 - 14,000 meet SED criteria
 - Approx. 8700 served by state agencies
- 10-20% of pre-school age children have significant challenging behaviors (7500+ need mental health services – NH Assoc. for MH est.)

Data (cont.)

- More than 50% of SED children served by multiple agencies (uncoordinated, fragmented, “a maze” according to parents)
- 17,700 children served through school-based mental health services, totally unconnected with other services
- Other:
 - 350 children served in residential care
 - 9 served by out-of-state intensive care facilities
 - 72 served in juvenile correctional facility
 - 17 average daily census at state children’s psychiatric ward
 - Cost: \$21 million

Data (cont.)

- NH Fiscal Year 2011
 - NH Dept. of HHS spent \$79.2 million for mental health services for approx. 8700 children/youth
 - Of these, \$17,350,000 for 108 children ranging in cost from \$104,000-\$543,000 per child

The Problem

- **Poor Coordination of Services and Funding**
- A fragmented maze of services, even often to the providers in the service organizations
- Who provides the mental health services?
 - The community mental health centers
 - The NH Hospital Childrens psychiatric ward
 - DHHS: Child Welfare, Juvenile Justice,
 - The Public Schools
 - Others: private counselors; out of state organizations
- Funding is uncoordinated and silo-ed by agency; no one wants to give up control and “sharing” is difficult

The Proposed Plan

- The Vision: An Integrated, Collaborative System of Care
 - Create and support a truly individualized “wrap-around” plan for each child in need through a integrated, interagency care plan
 - Begin at the state level with state agencies, then provide leadership to the local level
 - Integrate services
 - Integrate funding
 - The family moves to the center with the child for planning the care and taking responsibility

The Proposed Plan

- The Values:
 - Family-driven and Youth-centered
 - Community-based
 - Culturally Competent
 - Collaboration
 - Integration
- Outcomes:
 - For the Child: improved functioning in home, school and community
 - Family: central to their child's care planning
 - Caregiver: Trained to implement Evidence-based Practices
 - System:
 - Broadened array of services
 - Improved and expanded workforce
 - Create a new Care Management Entity (CME)
 - Identify Policy Changes

The Proposed Plan

- 9 Goals:
 - Including:
 - Eventually align the fiscal streams
 - Expand and develop a more diverse provider system
 - Meaningful involvement of children and their families in the care and the care system

Role for Libraries

- Children with SED have the highest level of school incompleteness of any other children
- We know that a successful educational experience is a major factor in future personal success.
- Therefore, libraries can invent roles that will contribute to the educational success of these children and become a part of the larger community-based system of care

Role for Libraries

- Provide a site for
 - Public education and dissemination of the eventual strategic plan
 - Mental health related displays that build the understanding and acceptance of these children and of all children to reduce the stigma and discrimination toward those afflicted by mental illness and emotional disorders
 - Speakers and presentations promoting positive mental health to create public understanding, dialogue and acceptance
 - Family meetings
- Library staff become better educated about the public schools and mental health services and organizations and become an integral part of the community-based child and youth systems