

Systems of Care 25 Years Later

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Dedication

In Loving Memory
Jane Knitzer

The Tampa Address

One Score and 7 years ago NIMH brought forth in this field a new concept in Child Mental Health, conceived in frustration and dedicated to the proposition that:

There must be a better way deliver services to those children with the most unique and troublesome emotional and behavioral problems.

Tampa Address (cont.)

We then became engaged in a great paradigm shift, testing whether this shift, or any shift so conceived and so dedicated, could long endure.

Tampa Address (Conclusion)

WE ARE STILL HERE !

Historical Perspective

Not Really a Paradigm Shift

What was created was a Movement

Historical Perspective

A Perfect Storm
Of
Incremental Opportunism

Historical Perspective

Never Really Did Child Mental Health Well!

- Limited treatment options
- Fractionated Services
- Parent Blaming Clinical Approaches

Historical Perspective

- Wayward and Delinquent Youth
- Community Mental Health Center Program (1963)
- Joint Commission on the Mental Health of Children (1965)
- IDEA (1972)
- National Plan for the Mentally Ill (1976)

Historical Perspective

- NIMH's Most In Need (MIN) Program (1977)
- Mental Health Systems Act and SMEDCA (1980)
- Children's Defense Fund's *Unclaimed Children* by Jane Knitzer (1982)
- Willie M. Law Suit in North Carolina and the Willie M. Program by Lenore Behar (1982)

Historical Perspective

CASSP

Goals of CASSP

- Inter-agency approach
- Infrastructure development
- Identifiable unit responsible for children's mental health

Values of CASSP

- Child centered and family focused
- Culturally competent
- Community-based systems of care

Strategies

- Interagency partnerships for research, training and technical assistance
- Convene key stakeholders to chart new paradigm
- Develop consensus around CASSP values and principles
- Award CASSP grants for infrastructure development at the State level

Role of RTCs & TA Center

- Operationalized Values and Principles:
- Landmark book defining systems of care - Florida RTC with Georgetown
 - "Families as Allies" provided trainings throughout country - Portland RTC
 - Federation for Children's Mental Health initiated

Role of RTCs & TA Center cont.

- Brought legitimacy to system of care (SOC) approach and family movements
- Helped define concept of cultural competence
- Supported and conducted research on SOC implementation and outcomes

Progress

- Between 1982 and 1993 number of states with separate unit responsible for children's mental health increased from 21 to 36
- SAMHSA continues to support state infrastructure development, policies and programs necessary to address needs of children with SED and their families

Progress cont.

- SAMHSA continues to support systemic changes to meet needs of children and families at every level:
 - federal policies and regulation
 - state level policies
 - local implementation
 - development of child and family's individualized service plan

Progress cont.

Through multiple partnerships (especially partnerships with families and youth themselves), CASSP identified and developed an array of supports and services most needed and most useful for children with SED and their families.