

## **HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING**

### **Building Blocks for Promising Practice Models**

October 14 - 17, 2007

#### **Creating a System of Care for Children's Mental Health:**

##### **A Partnership between Title V and SAMHSA**

JEFFREY G. LOBAS: Yeah. I'm leaving Iowa, but Brian and others already have regular phone meeting scheduled with me in Arizona, so I'm not leaving totally. So, I'm going to be--I'm putting on another hat here. And as you know, I'm the past president of AMCHP. And I wanted to say a few words about, kind of, that national perspective and some of the things that have been going on from an AMCHP point of view.

Before I say that, I wanted to mention--just--when I go back to that data, one thing I didn't say is there was very striking in that data. What I don't know is--was it that we had a child psychiatrist who were making the right diagnosis, or was it the care coordination, or was it the multidisciplinary team that made the difference? Something really made the difference, and this is an area that really deserves a lot more research and to really tease some of that out.

What we did at the AMCHP board--a number of us, Nan and I especially, were very vocal about our view that mental health was a huge issue. So we started talking this up and looking at just where things were at in Title V programs. And

we surveyed our programs, looking at block grants. And actually if you look at— from a performance measure standpoint in 2001, we had--a number of states identified some type of relevant mental health performance indicator. If you look at 2006, it had increased dramatically, almost 150 percent increase in the identification by Title V programs of mental health as an issue or a problem. So certainly, we, in Title V, are seeing mental health as an important and impertinent issue.

What we've done in the AMCHP is it's now part of the priority focus area within our strategic plan. We're trying to develop key partnerships with the public health mental health systems and the private sector. We're trying to work in partnership to develop policy and legislative reforms around mental health. We convened a series of meetings with NASHP, SAMHSA and MCHP with the hopes of producing a roadmap, and we're hoping to develop some common principles.

They are the key partners: the Maternal and Child Health Bureau, obviously, the SAMHSA, NASHP. We found the Georgetown Child Development Center as I've been working with SAMHSA on a lot of this already, Family Voices and Federation of Family. And what these groups are trying to put together is a common set of principles, looking at a continuum of services, which includes prevention and promotion of mental health. We're trying to strengthen that interface between public health and mental health, and include prevention, and increase risk reduction and protective factors. And really, again, taking a holistic approach to mental health and not trying to divide those children up into, well,

we've got emotions and then you've got the rest to yourself. We're also through Medical Home Initiatives. We're trying to develop mental health in primary care interface also.

Right now, there's some work being done to produce a monograph called Developing a Public Health Approach to Mental Health. We're collecting and disseminating Best Practice models, some monograph or look at a conceptual framework, continuum of services, and developing a common language. Some of the strategies that are being used are pulling together stakeholder groups, focused groups, various interviews, surveys and presentations.

And I wanted to spend a few minutes on this slide. And I think--it's just been an intriguing experience over the last 10 years to deal with this whole mental health piece, because I'm a pediatrician, I talk to primary care docs a lot, and they are struggling. The family physicians are struggling with mental health. The Title V program, we're struggling with it. And as Gary and my past team together, we're really trying to do something but the--I've been really surprised at the amount of angst, the amount of distrust, the amount of fear when these cultures start coming together. And I've seen it at the local level, and I'll tell you, I've seen it at the national level. I've been impressed when I think this was a—you just--you know, since they affirmed, what I feel is these groups don't necessarily see that the other group are a partner. We go to--I've gotten to go to the national SAMHSA meetings for the last couple—we have one in Atlanta and one in New

Orleans, and people recognize this is a unique--what we're doing in Iowa is a unique and innovative approach, bringing a kind of medical model into the SAMHSA grant. And for some people, it was a godsend and some people are angry and very fearful of it. It's amazing the amount of emotion that go--so, to me, there's a need to develop trust and understanding at all levels. I think more paths like Gary and mine can cross, if at the national level, we're able to drive more dialogue and more trust. And, to me, this is a challenge for Peter and Cassie and Bonnie and Mike Frazer to take our MCH Title V culture and really help build bridges and trust and understanding. And to show our value, we have an enormous value at the SAMHSA, but I think most of the people at SAMHSA-- they may pay lip service to it, but they don't either understand us or they don't get what we do and what we can bring. So I think it's a challenge, and my hope is in 10 years, there's 30 states with projects that are--which we in Title V and human services being funded by SAMHSA. So I hope you accept that challenge and really find a way to make this work.

Now, I thank you for your attention.