A Systematic Literature Review of Policy & Research Priorities to Support Youth & Family Behavioral Health

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Executive Summary

This systematic literature review synthesizes recent evidence (2016-2024) on policy and research priorities for improving youth and family behavioral health systems in the United States. The review, conducted to inform the Innovations Institute Research Coalition at the University of Connecticut School of Social Work, examined 122 peer-reviewed articles and 13 gray literature sources to identify actionable policy and research recommendations for policymakers, practitioners, and researchers addressing systemic barriers to behavioral health care.

The literature review identified five critical <u>policy priorities</u>:

- **System Integration and Coordination** emerged as paramount, with calls for enhanced collaboration across mental health, child welfare, juvenile justice, and education systems to better serve multisystem-involved youth.

- **Workforce Development** initiatives, including expanded training in evidence-based practices, trauma-informed care, and community centered services to address critical staffing shortages.

- **Financing and Payment Reform**, with recommendations to expand Medicaid coverage, implement value-based payment models, and reduce financial barriers to care access.

- **Community Centered Care**, with calls for strategies that are family and community defined and bolster service access and quality.

- **Prevention and Early Intervention strategies**, including school-based mental health services, trauma-informed approaches, and upstream investments in social determinants of health to reduce the need for more intensive services later.

The review also identified critical information needs that require <u>further research</u>.

- Implementation science to understand how evidence-based practices can be effectively scaled and sustained in real-world settings.

- Longitudinal outcome studies to track long-term impacts of interventions across multiple domains and systems, particularly for multisystem-involved youth.

- Additional priorities include developing and validating **measurement tools** for assessing youth wellbeing, treatment fidelity, and system performance; conducting **effectiveness research in real-world settings** beyond controlled trials; and examining **policy impacts** to understand how financing mechanisms, workforce policies, and system reforms affect access and outcomes. Research must also identify factors that improve **access and positive health outcomes**, and assess the **effectiveness of intervention adaptations**.

- The findings underscore that meaningful systems change requires coordinated action across multiple domains, including policy and funding innovations to address workforce shortages and implement more effective payment mechanisms, to research innovation focused on effectiveness of such policy and funding strategies. During a time of unprecedented funding constraints, decision-makers, funders, providers, and researchers must **move beyond research on programs, to working together to develop, implement, and test system-level policy, workforce, and funding innovations.**

Introduction

Youth and families with behavioral health needs often face barriers that prevent them from accessing effective services and supports. Commonly cited challenges include lack of access to high-quality care, poor coordination across behavioral health systems, behavioral health workforce shortages, and financial barriers such as lack of Medicaid eligibility and gaps in insurance coverage. A growing body of peer reviewed and gray literature has proposed **research and policy recommendations to inform and facilitate changes to current behavioral health systems within the United States.** The ultimate goal is to **improve access to care, quality of care,** and ultimately **outcomes for young people and their families.**

This report synthesizes findings from a review of recent (2016-2024) peer-reviewed publications and grey literature focused on priorities for policy and future research in youth and family behavioral health. The report provides a brief overview of the methods used to identify literature and extract recommendations; and presents a summary of the most commonly cited policy and research suggestions. In the short term, the review and this summary served to inform the work of the Innovations Research Coalition, convened by the Innovations Institute at the University of Connecticut School of Social Work. In addition, the report can serve as a guide for all policymakers, practitioners, and researchers seeking to advance reforms that are responsive to both immediate and long-term needs for systems-level change in youth and family behavioral health.

Methods

Inclusion and Exclusion Criteria

The current report includes recommendations drawn from two types of literature: peer-reviewed journal articles and grey literature. Inclusion criteria included the following: Source must have been published between 2016 and 2024, be written in English, and be related to youth behavioral health systems within the United States. For the purposes of this effort, behavioral health included mental health, child welfare, and juvenile justice. Literature focused on adult systems was excluded.

Search Terms

Peer-reviewed literature was identified through Web of Science and PsycInfo search engines. Searches were filtered according to the inclusion and exclusion criteria discussed above. Search terms included the following: (child OR youth OR adolescent) AND (system) AND (research OR evaluation) AND (priority OR recommendation OR agenda AND (policy) AND one of the following: (child welfare), (mental health), (behavioral health), (juvenile justice). This search was then repeated without AND

(policy) to make sure research-focused papers were not excluded from the sample of publications.
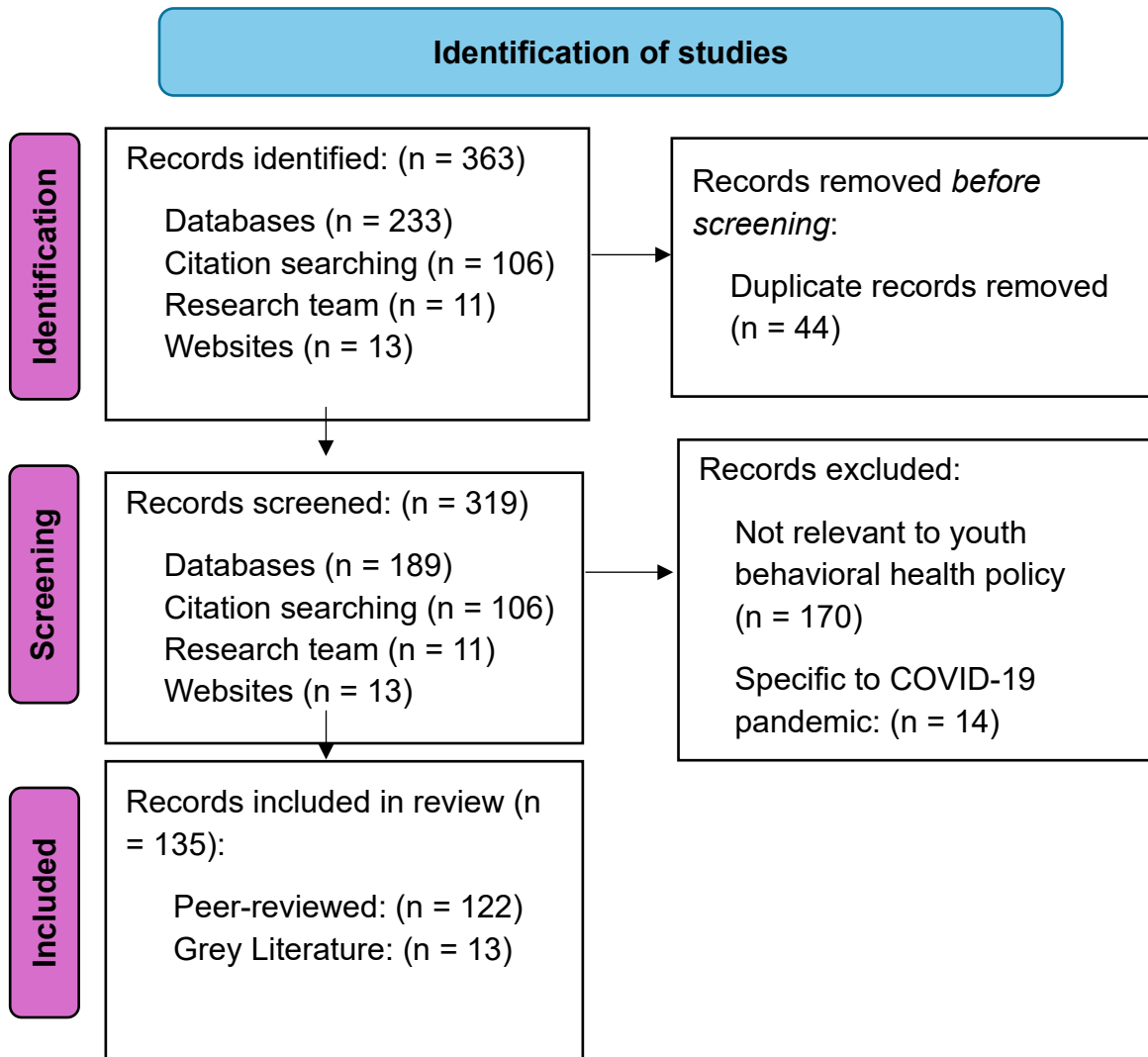
Together, these searches resulted in 233 articles. Forty-four of these records were duplicates and were thus removed from the final sample. An additional 106 peer-reviewed articles were identified through citation searching, and 11 were identified by members of the research team. This resulted in 306 peer-reviewed articles that were screened for relevance. Of these, 170 were deemed not relevant to youth behavioral health policy and 14 were specifically related to behavioral health services only during the COVID-19 pandemic and were thus removed, resulting in a **final sample of 122 peer-reviewed articles**.

Grey literature was identified through websites of private foundations, associations, and other entities that conduct, fund, and support youth behavioral health systems research and policy, such as the National Alliance on Mental Illness (NAMI), Mental Health America, Annie E. Casey Foundation, Casey Family Programs, Child Welfare League of America, William T. Grant Foundation, and many others. Members of the review team also identified grey literature publications based on nominations from the Innovations Institute and other professional connections. These efforts resulted in **13 relevant grey literature sources** in the final sample. See *Figure 1* for additional details on the screening process.

Data Analysis

One member of the research team extracted relevant data for all 135 papers that were included in the final sample, including: Title, authors, key findings, research/policy recommendations, study limitations, and preliminary themes that emerged from the recommendations. A second member of the research team then reviewed a subset of the themes to ensure accuracy and consistency. Both team members met to refine the coding process and separately reviewed all themes. Discrepancies that emerged were addressed through consultation. When needed, the principal investigator on this project made a final determination on coding decisions.

Figure 1. Flow diagram for identifying articles and papers

Identification of studies

Identification

Records identified: (n = 363)

    Databases (n = 233)
Citation searching (n = 106)
Research team (n = 11)
Websites (n = 13)

Records removed *before screening*:

    Duplicate records removed (n = 44)

Screening

Records screened: (n = 319)

    Databases (n = 189)
Citation searching (n = 106)
Research team (n = 11)
Websites (n = 13)

Records excluded:

    Not relevant to youth behavioral health policy (n = 170)

    Specific to COVID-19 pandemic: (n = 14)

Included

Records included in review (n = 135):

    Peer-reviewed: (n = 122)
Grey Literature: (n = 13)

Results

Peer Review Papers

In Tables 1 and 2, we summarize results of the review of peer-reviewed literature with respect to both policy (Table 1) and research (Table 2) recommendations. In the bulleted text that follows, we expand on these results by summarizing specific recommendations found in these sources, with citations for select papers and reports.

Table 1. Major Policy Action Recommendations	N papers
Expand Access to Evidence-Based Practices	30
Adapt evidence-based programs for local populations and settings (16 papers)	
Scale up proven interventions through sustainable funding streams (14)	
Cross-Sector Collaboration and Systems Integration	28
Implement formal mechanisms for coordination between systems (14 papers)	
Develop integrated governance structures with stakeholder representation (10)	
Establish cross-system data sharing agreements and integrated data systems (4)	
Address Barriers	26
Address barriers to service access and outcomes (16 papers)	
Implement community centered practices (10)	
Workforce Development	22
Expand training in evidence-based practices (14 papers)	
Create career pathways for peer support specialists and lay health workers (8)	
Address Social Determinants of Health	21
Connect families to community resources and supports (8 papers)	
Implement income support policies (13)	
Family and Youth Engagement	18
Incorporate youth and family voices in policy development (11 papers)	
Shift from power-over models (7)	
Financing Reform	15
Blend and braid funding across multiple systems (8 papers)	
Implement value-based payment models (7)	

Table 2. Major Research Priority Recommendations	N papers
Effectiveness Research	
Conduct comparative effectiveness studies of different interventions (33 papers)	**33**
Implementation and Dissemination Science	
Evaluate strategies for scaling evidence-based interventions (14 papers)	**24**
Study factors affecting sustained implementation (11)	
Measurement and Evaluation	
Develop standardized outcome measures across settings (12 papers)	**23**
Establish data collection protocols for longitudinal tracking (11)	
Research on Access	
Investigate factors related to access and outcomes (13 papers)	**21**
Study mechanisms linking early experiences to health outcomes (8)	
Economic and Policy Analysis	
Conduct cost-benefit analyses of prevention and intervention programs (11 papers)	**20**
Study impacts of policy changes on service utilization and outcomes (9)	
Youth Development and Transitions	
Study effective transition models between child and adult systems (9 papers)	**15**
Examine school reentry for system-involved youth (6)	
Technology and Innovation	
Evaluate telehealth models for different populations and conditions (9 papers)	**14**
Research technology-enabled assessment and monitoring (5)	

Major __Policy Action__ Recommendations

1. Expanded Access to Evidence-Based Practices

- **Adapt evidence-based programs for local populations and settings**

  - Evidence-based practices should be tailored to unique local contexts and individual needs, although core components of such interventions must remain intact (Connors et al., 2021; Gross-Manos et al., 2022; Moran et al., 2018; Ng et al., 2016).

  - Expand support of research on implementation and outcomes associated with evidence-based interventions designed to improve access to mental health care (Alvarez et al., 2022; Brown et al., 2019; Pina et al., 2019; Trent et al., 2019).

  - Evaluate the effectiveness of interventions, policies, and other strategies that target youth populations with elevated levels of needs (Anderson et al., 2018; Barnett et al., 2021; Coulter et al., 2019; Metzger et al., 2021; Shonkoff et al., 2021; Toth et al., 2020).

- **Scale up proven interventions through sustainable funding streams**

  - Facilitate the uptake of evidence-based interventions through dedicated public policies and sustainable funding streams designed to support the development, testing, and implementation of such efforts; develop frameworks designed to address implementation barriers; and encourage public support for such efforts through partnerships among stakeholder groups (Cervantes et al., 2021; Dopp et al., 2018; Fagan et al., 2019; McLeod et al., 2022; Nelson et al., 2022; Palinkas et al., 2021; Ringel et al., 2018).

2. Cross-Sector Collaboration and Systems Integration

- **Implement formal mechanisms for coordination between systems**

  - Improve service delivery by promoting communication and collaboration that engages clients, families, and systems across multiple levels. Such efforts will likely require new approaches to service delivery, reimbursement, licensing, supervision, and investments in community centered research and interventions (Alvarez et al., 2022; Chamberlain, 2017; Jeindl et al., 2023; Nelson, 2020; Palinkas et al., 2021; Perrin et al., 2020; Regan et al., 2017; Robles-Ramamurthy et al., 2021; Trent et al., 2019). Encourage innovative practices, such as telehealth, social media, integrated care models, and other services, that span across traditional

service boundaries, including schools, communities, outpatient clinics, and primary care settings (Duong et al., 2021; Gray & Klein, 2022; Kazdin, 2019; Mojtabai et al., 2016; Richardson et al., 2017).

- **Develop integrated governance structures with stakeholder representation**

  o Develop a national mental health policy that supports collaboration across systems and targets upstream factors that are not typically considered in policy conversations about children's mental health, such as housing, income supports, education, and physical health and well-being (Hoagwood, Atkins, et al., 2018; Hoagwood, Gardner, & Kelleher, 2021; Hoagwood, Kelleher, et al., 2021; Trent et al., 2019). Such efforts could include enacting legislation to create a governing entity the represents stakeholder groups (Vanderploeg, 2024).

- **Establish cross-system data sharing agreements and integrated data systems**

  o Develop targeted cross-system assessment and tracking systems that can be used to gather accurate data on the quality and effectiveness of EBTs for multi-system involved youth (Vidal et al., 2019); and encourage data sharing across these systems (Modrowski et al., 2022; Radney et al., 2024).

  o To increase the use of policy-relevant research by policymakers, researchers and implementation science professionals should include economic evaluation data, use state and local data if/when available, and emphasize evidence when working with legislators. All communications with policymakers should be targeted and brief (Purtle et al., 2020).

3. Address Barriers

- **Address barriers to service access and outcomes**

  o Efforts should be made to engage youth who face barriers to care. Innovative strategies might include social marketing and other campaigns designed to reduce stigma associated with mental illness, and strategies to increase access to care, including hybrid and telehealth options (Purtle et al., 2022; Toth et al., 2020). Similarly, steps should be taken to increase accessibility of services to meet the needs of young people and their families. Ideas include providing drop-in services in community-based settings, offering flexibility in service provision, engaging lay health workers and paraprofessionals, universal screening tools, supporting mental health services in schools, and promoting trusting relationships

among youth, families, and providers (Alvarez et al., 2022; Barnett et al., 2018; 2021; Coker et al., 2016; Danielson et al., 2018; Hoagwood, Gardner, & Kelleher, 2021; Reardon et al., 2017; Taylor et al., 2019; Trent et al., 2019).

- o Conduct research related to barriers to accessing healthcare and implement regulations that bolster community centered approaches within child welfare and service pathways (Alvarez et al., 2022; Radney et al., 2024)

- **Implement community centered practices**

  - o Support trainings that focus on supporting practices that are community centered, defined, and led (Robles-Ramamurthy et al., 2021; Trent et al., 2019).

4. Workforce Development

- **Expand training in evidence-based practices**

  - o Increase training on best practices in dissemination and implementation with the goal of improving the delivery of evidence-based health care (Berk et al., 2020; Proctor & Chambers, 2017; Weersing et al., 2017). Such efforts should include a focus on the influence of systems-, organizational-, and individual-level influences on implementation processes (Skale et al., 2020).

- **Create career pathways for peer support specialists and lay health workers**

  - o Provide training for peer support specialists and volunteers and clearly delineate career ladders for the lay workforce (Alvarez et al., 2022; Hoagwood, Olin, et al., 2018; Horwitz et al., 2020; Miller & Vaughn, 2018). Examine outcomes associated with having lay health workers implement evidence-based interventions (Barnett et al., 2018).
  - o Establish stable funding streams to support Youth Peer Support Services (YPSS) in which young adults with current or prior mental health challenges support adolescents with current mental health concerns (Gopalan et al., 2017).

5. Addressing Social Determinants of Health

- **Connect families to community resources and supports**

  - o Focus on population-based approaches to promoting mental health (Purtle et al., 2020). Assess social determinants of health during healthcare encounters with vulnerable youth, including those in foster care, with the

goal of connecting these young people with relevant services and supports (Collins, 2016). Engage public assistance programs in developmental monitoring with the goal of early detection and treatment of mental, behavioral, and developmental disorders among children (Cree et al., 2018).

- **Implement income support policies**

  - Address upstream causes of behavioral health challenges, including childhood trauma, adverse childhood events, access to quality education, availability of affordable housing, and other "mid" and "upstream" determinants of health (Alvarez et al., 2022; Dopp & Lantz, 2020; Purtle et al., 2022; Trent et al., 2019; Whitney & Peterson, 2019). Enhance communication and collaboration that engages clients, families, and systems across multiple levels, requiring new approaches to service delivery, reimbursement, licensing, supervision, and investments in research and interventions related to access to services and supports (Alvarez et al., 2022; Bailey et al., 2017; Palinkas et al., 2021; Perrin et al., 2020; Roble-Ramamurthy et al., 2021; Trent et al., 2019).
  - Aim to address family, social, and economic factors that influence children's development and mental health (Hoagwood et al., 2020; Last et al., 2020). Such health-focused efforts should be built into all policies.
  - Develop a national mental health policy that supports collaboration across systems and targets upstream factors that are not typically considered in policy conversations about children's mental health, such as housing, income supports, education, and physical health and well-being (Hoagwood, Atkins, et al., 2018; Hoagwood & Kelleher, 2020; Trent et al., 2019).

6. Family and Youth Engagement

- **Incorporate youth and family voices in policy development**

  - Child welfare professionals need methods and tools to help effectively engage children and families in child protection processes and to engage youth and community members in policy and program development (Toros et al., 2018). Examine user experience and caregiver satisfaction with children's mental health services (Seibel et al., 2021).

- **Shift from power-over models**

  - Shift prevailing paradigms away from "power over" models with the goal of supporting family voice and choice (Toros et al., 2018). Engage youth as "rights holders" and "social actors" who are empowered to actively

participate in and guide child welfare services. Others have underscored the importance of involving youth and families in decisions about care, including school-based mental health supports, child welfare services, and medication choices (Barnett et al., 2019; Henze-Pendersen & Bengtsson, 2024; Kearney, 2024).

7. Financing Reform

- **Blend and braid funding across multiple systems**

  - Engage key stakeholders in decision-making about financing approaches for direct service delivery. Use all relevant funding sources to support a braided funding approach (Vanderploeg, 2024). Strong partnerships between provider organizations and policymakers can support funding for EBT implementation (Dopp et al., 2018).

- **Implement value-based payment models**

  - Establish strategies to guide prescribing practices for young people (John et al., 2016; Thackeray et al., 2018; Wu et al., 2018;) and develop interventions to deter inappropriate prescribing of pediatric psychoactive medications through fiscal strategies such as transparency in drug prices, incentives among insurers, implementation of collaborative care models, value-based purchasing, and value-based payment for medications (Kelleher et al., 2020; Sultan et al., 2018). Also, consider employing value-based payments approaches to incentivize specific service delivery goals (Vanderploeg, 2024).

Major Future <u>Research</u> Recommendations

1. Effectiveness Research

- **Conduct comparative effectiveness studies of different interventions**

  - Conduct comparative effectiveness studies that examine the impact of payment models on service access, usage, and outcomes for children and youth with special health care needs, including assessing return on investment numbers (Stille et al., 2022). Future research should also focus on effectiveness trials of known EBTs within community settings (Flynn et al., 2019; Steele et al., 2020).

  - Incorporate participatory approaches to maximize the relevance of the research and to increase buy-in and use of the results (Cervantes et al., 2021; Cho et al., 2022; Jeindl et al., 2023). Expand commonly measured

outcomes to include residential placements, readmission rates, medical homes, juvenile justice systems, and use of emergency/crisis services (Asarnow et al., 2017; Branson et al., 2017; McGuire & Seigel, 2018); assess implementation contexts; looking at implementation drivers and barriers that cross sectors (Bruns et al., 2019; Jeindl et al., 2023; Lee & Holmes, 2021; Skale et al., 2020); examine costs (Dopp et al., 2018; Young et al., 2016); and develop hierarchical statistical models that include mediators and moderators to help explain processes underlying intervention effects and pathways to youth outcomes (Jones & Neblett, 2016; Spinney et al., 2018).

2. Implementation and Dissemination Science

- **Evaluate strategies for scaling evidence-based interventions**

    o Examine the effectiveness of strategies to support the implementation of evidence-based interventions, with a particular focus on dissemination, training, and support strategies offered by intermediary/purveyor organizations (IPOs; Proctor et al., 2019), graduate programs (Skale et al., 2020), and other entities that provide training, coaching, and consultation (Norona & Acker, 2016). Conduct comprehensive reviews to identify gaps in research-based knowledge and identify barriers to implementation (Coller et al., 2020). Such efforts should consider the contexts (inner and outer settings) within which such interventions will be implemented (Bruns et al., 2019; McHugh et al., 2020; Purtle et al., 2021; Woodfield et al., 2022).

- **Study factors affecting sustained implementation**

    o Technical assistance and training efforts should support skill development, encourage positive staff attitudes, and focus on quality assurance with the goal of promoting sustained implementation (Ascienzo et al., 2020; Dakof et al., 2022; Snider et al., 2023).

3. Measurement and Evaluation

- **Develop standardized outcome measures across settings**

    o Develop pragmatic screening tools and measures of implementation and outcomes that demonstrate adequate reliability and validity (Bruns et al., 2016; Lewandowski et al., 2016; Little et al., 2016; McLeod et al., 2022; Rosanbalm et al., 2016).

- **Establish data collection protocols for longitudinal tracking**

- Invest in data and quality improvement systems that focus on access, quality, and outcomes within health, education, and other systems over time (Kann et al., 2018; McCauley et al., 2018). Such systems should comply with legal and regulatory requirements, be user-friendly, and result in information that can inform quality improvement (Hodgkinson et al., 2021; Vanderploeg, 2024).

4. Research on Access

- **Investigate factors related to access and outcomes**

  - Evaluate the effectiveness of interventions, policies, and other strategies that target youth who face barriers to accessing services and supports (Anderson et al., 2018; Barnett et al., 2021; Coulter et al., 2019; Metzger et al., 2021; Shonkoff et al., 2021; Toth et al., 2020; Weaver & DeRosier, 2019).
  - Develop holistic measurement tools to assess adverse childhood experiences among youth (Saleem et al., 2020). Expand support of research on implementation and outcomes associated with evidence-based interventions designed to reduce barriers to access to mental health care (Alvarez et al., 2022)

- **Study mechanisms linking early experiences to health outcomes**

  - Examine how adverse childhood experiences contribute to health outcomes across distinct developmental stages, and how these early experiences differentially impact youth (Bernard et al., 2021). Focus specifically the mechanisms that link early experiences to adverse health outcomes in adulthood (Bernard et al., 2021; Cave et al., 2020)

5. Economic and Policy Analysis

- **Conduct cost-benefit analyses of prevention and intervention programs**

  - Conduct cost-benefit and cost-effectiveness analyses designed to estimate the long-term fiscal impacts of policies designed to improve adolescent mental health (Counts et al., 2025; Kennedy-Hendricks et al., 2018) and support youth transitioning out of the child welfare system (Woodgate et al., 2017).

  - Conduct fiscal analyses on costs associated with supporting the mental health workforce in implementing evidence-based therapies (Hoagwood et al., 2024).

- **Study impacts of policy changes on service utilization and outcomes**

- o Conduct additional research on policy levers and health policy reforms that can be used to improve accessibility, affordability, acceptability, availability, and use of children's behavioral health services and supports (Hernandez et al., 2017; So et al., 2019). Examine the impact of current legislative, school, and community priorities and policies on youth and family outcomes (Gutierrez et al., 2024; Javdani, 2019).

6. Youth Development and Transitions

- **Study effective transition models between child and adult systems**

  - o Develop process and outcome measures to evaluate the success of transition from youth to adult mental health services (Graaf et al., 2021; Nguyen et al., 2017; Stille et al., 2022).

- **Examine school reentry for system-involved youth**

  - o Examine factors that impact outcomes among system-involved youth who are reentering their schools, including institutional readiness and availability of support systems (Rangel et al., 2020)

  - o Conduct research to better understand childhood behavioral health needs, including anxiety and depression (Bitsko et al., 2018), and where treatment gaps exist (Ghandour et al., 2019).

7. Technology and Innovation

- **Evaluate telehealth models for different populations and conditions**

  - o Examine strategies to increase access to services and support such as telehealth and hybrid formats (Bornheimer et al., 2018; Cowan et al., 2019; Palinkas et al., 2021).

- **Research technology-enabled assessment and monitoring**

  - o Evaluate the utility and effectiveness of digital methods for assessing fidelity and monitoring outcomes (Coghill et al., 2023; Rudd et al., 2019).

Reports/Gray Literature

Major Policy Recommendations from Non-Peer Reviewed Reports

1. School-Based Mental Health Services

- **Expand mental health services in schools**

  - Support legislation such as the Mental Health Services for Students Act to further access to mental health supports within schools. Such efforts aim to improve mental health outcomes, minimize youth interactions with disciplinary measures, and improve academic outcomes (Mental Health Liaison Group, 2019; 2021). Prevention and early intervention efforts would benefit from the use of school-based services (Guyer et al., 2023).

- **Rethink school discipline policies for mental health**

  - Avoid removing youth from school for more than one day without a mental health screening (Mental Health America [MHA], 2024).

  - Review school policies with the goal of reducing barriers to students accessing mental health services. For example, reconsider suspension policies for substance use, identify and remove gaps, conflicts, and inconsistencies in services, and fund school-county partnerships to expand on-campus mental health services and supports (Children Now, 2020).

2. Cross-System Coordination and Integration

- **Develop coordinated, cross-system approaches**

  - Build and support coordinated, cross-system approaches to support children at risk for entering the child welfare system. Such work should include community-focused, multisystem, coordinated efforts that offer early assessment and provide a level of treatment that is appropriate to meet children's individual needs (Casey Family Programs, 2024).

  - Develop and implement data sharing agreements across child-serving agencies with the goal of identifying youth in need of formal supports (Children Now, 2020).

- **Improve crisis response systems**

  - Support the implementation of routing calls to 988 based on the caller's location without sharing personal information with the goal of maximizing support while minimizing confusion and distrust (Wesolowski, 2024).

- o Decrease use of emergency department visits for mental health crises by offering community-based crisis services, family education, and tracking tools to identify available treatment options (Guyer et al., 2023).

3. Medicaid and Coverage Reform

- **Expand Medicaid eligibility and benefits**

  - o Expand Medicaid eligibility for young people with complex behavioral health needs beyond minimum federal requirements with the goal of increasing access to mental health services and supports. Such efforts should include coverage for former foster care youth and those involved in the juvenile justice system (Guyer et al., 2023).

- **Improve Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) implementation**

  - o Provide EPSDT behavioral health services and supports to children enrolled in Medicaid programs and allow youth to receive services under EPSDT without a diagnosis (Guyer et al., 2023).

  - o Provide evidence-based home and community-based services that can help states meet obligations under EPSDT and the Americans with Disabilities Act, such as intensive care coordination, family and youth peer support services, intensive in-home services and support, respite care, therapeutic mentoring, and crisis services (Frank et al., 2022).

4. Address Barriers

- **Address barriers to service access**

  - o Address the overrepresentation of children of color within the child welfare system (Casey Family Programs, 2024). Also, ensure that state and local governments prioritize funding to address the effects of barriers to care on the health and well-being of children and the communities in which they live (Children Now, 2020).

- **Workforce Development**

  - o Engage in efforts to develop a well-trained behavioral health workforce that can support all youth (Guyer et al., 2023). Such efforts can include supporting a range of community health workers including peer-to-peer supporters (Children Now, 2020).

5. Early Intervention and Prevention

- **Implement universal screening**

- o Implement universal screenings across child-serving sectors that focus on social-emotional development, depression, adverse childhood experiences, and mental health needs ([Children Now, 2020](#)). Such efforts could be conducted alongside annual vision, hearing, and dental screenings ([MHA, 2024](#)).

- **Invest in early childhood programs**

  - o Offer maternal and early childhood home visiting programs to parents and children in need and invest in evidence-based parent education programs such as Triple P and The Incredible Years ([Children Now, 2020](#)).

6. Juvenile Justice Reform

- **Develop specialized programs for justice-involved youth**

  - o Provide programs that specifically target youth within the juvenile justice system and ensure the juvenile facilities provide evidence-based screening, assessment, and treatment for mental illnesses ([Corby et al., 2021](#)).

- **Reduce justice system involvement**

  - o Local jurisdictions should develop, fund, and support alternatives to police as first responders for mental health issues ([Children Now, 2020](#)). Develop integrate crisis response services for youth the juvenile justice system ([National Alliance on Mental Illness [NAMI], 2017](#)).

7. Family Engagement and Support

- **Engage families in policy and service design**

  - o Since children, parents, and families have critical insights into their needs, they should be actively engaged in identifying gaps and developing policy solutions to address their behavioral health needs ([Casey Family Programs, 2024](#); [Guyer et al., 2023](#)).

- **Support family preservation**

  - o Policymakers should ensure that child protection agencies prevent children from being removed from their families in response to non-safety related issues and/or concerns ([Casey Family Programs, 2023](#)). Furthermore, Medicaid programs could be leveraged to help reduce pressure on families to relinquish custody of children in crisis ([Guyer et al., 2023](#)).

Major Research Recommendations from Non-Peer Reviewed Reports

1. Child Welfare and Family Preservation Research

- **Evaluate effectiveness of child welfare interventions**

  - Examine the effectiveness of current practice and policy interventions focused on preventing initial and recurrent contact with child protective services (CPS) and out-of-home placement. Also examine the effectiveness of understudied programs and interventions, identify risk factors associated with CPS involvement, evaluate the effectiveness of helplines and other strategies aimed at preventing out-of-home placements such as income supports and partnerships among child welfare agencies (Annie E. Casey Foundation [AECF] et al., 2023; 2025).

2. Community Centered Research

- **Study community centered models**

  - Examine best practice models related to community centered practices, identify patterns of out-of-home care, specifically factors that drive access to care along with how they impact child well-being (AECF et al., 2023; 2025).

3. Service Access and Delivery Research

- **Study service access and effectiveness**

  - Examine the effectiveness of prevention programs and services designed to reduce involvement with child protective services, with a particular emphasis on identifying core components of these efforts (AECF et al., 2023; 2025).

  - Identify the extent to which children receive screenings to identify behavioral health needs (Frank et al., 2022).

4. Workforce Development Research

- **Study workforce effectiveness and needs**

  - Examine the degree to which child welfare workers implement effective practices with the goal of identifying effective interdisciplinary staffing strategies and supporting child welfare workforce development (AECF et al., 2023; 2025).

5. Community-Based Prevention Research

- **Evaluate community-based approaches**

- o Identify core components associated with effective community mobilization efforts aimed at increasing access to child welfare supports and services. Identify government policies, supports, and programs designed to support community, family, and child wellbeing (AECF et al., 2023; 2025).

References

References for this document can be found here.