Charting the Course for the Future of Children’s Mental Health: Challenges and Opportunities

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Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Did You Know?

• At least 1 in 10 people has a SED at some time in their life (about 7.4 million children and youth).
• In 2010, suicide was the 2nd leading cause of death among youth ages 12-17.
• 50% of adult mental illness manifests by the age of 14; 75% by the age of 24.
• It is estimated that 20% of children and adolescents have a diagnosable mental, emotional, or behavioral disorder, and this costs the public $247 billion annually.
Mental Health Disorders are the **MOST** Expensive Conditions in Childhood

- While children who receive mental health services are less than **10%** of the overall Medicaid child population, they account for **38%** of all Medicaid child expenditures.  
  *(Pires, Grimes, Allen, Gilmer & Mahadevan, 2013)*

- The highest expenditures for all types of insurance and conditions (including physical conditions) among children 0 – 17 were for the treatment of mental disorders: Costing **$13.8 billion** in 2011.  
  *(AHRQ, 2015)*
Medicaid Expenditures for the Five Most Costly Conditions in Children (in Billions)

- Ottis Media: 2.9 FY 2009, 3.2 FY 2011
- Acute Bronch. & URI: 3.1 FY 2009, 3.3 FY 2011
- Trauma: 6.1 FY 2009, 5.8 FY 2011
- Asthma/COPD: 8.0 FY 2009, 11.9 FY 2011
- Mental Disorders: 8.9 FY 2009, 13.8 FY 2011

Adverse Childhood Experiences (ACES) & Childhood Trauma

What impact do ACEs have?

As the number of ACEs increases, so does the risk for negative health outcomes.

Possible Risk Outcomes:

- **Behavior**: Lack of physical activity, smoking, alcoholism, drug use, missed work.
- **Physical & Mental Health**: Severe obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones.

What can we do about it?
Key Priorities to Expand & Sustain Systems of Care

- Workforce (Capacity, training AND research on Peer Providers)
- Maintaining Attention for Promotion and Prevention
- Building Bridges Initiative – Best Practices; Post Discharge Outcomes
- Psychotropic Medications
- Financing and Return on Investment
- Aligning Family and Youth Movements
- First Episode Psychosis
- Young Adults
- EBPs and Clinical Excellence
- Brain Development
A System of Care (SOC)...

A spectrum of effective, community-based services and supports for children and youth with or at-risk for mental health or other challenges and their families...

...is organized into coordinated networks;
...builds meaningful partnerships with families and youth;
...addresses cultural and linguistic needs

...in order to help families function better at home, in school, in the community, and throughout life.

Historical Perspective

- Child Adolescent Service System Program (CASSP) – 1984
- Comprehensive Community Mental Health Services Program for Children and Their Families – 1993
- 308 Awards since Program Inception
  - FY 2011: 24 Expansion Planning Awards
  - FY 2012: 6 Expansion Planning Awards (Off-the-Shelf)
  - FY 2012: 16 Expansion Implementation Awards
  - FY 2013: 11 Expansion Planning Awards
  - FY 2013: 15 Expansion Implementation Awards (Off-the-Shelf)
  - FY 2014: 9 Expansion Planning & 22 Expansion Implementation Awards
  - FY 2015: 24 Expansion & Sustainability Awards
  - FY 2016: 32 Expansion & Sustainability Awards
“Kids who are too mad or too sad can’t add.”
National Evaluation of Children’s Mental Health Initiative (CMHI)

- SAMHSA-funded initiative
- 106 sites initially funded from 2002 to 2010
- More than 134,000 children and youth have received services
- Data collected between October 2003 and December 2014 on outcomes of children and youth receiving SOC services
2015 Report to Congress

Improvement in:

- Functioning, including internalizing and externalizing behaviors
- Educational Outcomes
- Home-Based Living Situations
- Reducing Law Enforcement Contacts
- Caregiver Strengths
- Reducing Suicidal Thoughts and Attempts
### Demographics of Study Participants, Grantees Initially Funded 2009-2010

#### Gender (n = 12,316)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>58.0%</td>
</tr>
<tr>
<td>Female</td>
<td>41.8%</td>
</tr>
<tr>
<td>Other (including transgender)</td>
<td>0.2%</td>
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</tbody>
</table>

#### Poverty Status (n = 2,045)

<table>
<thead>
<tr>
<th>Poverty Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Poverty</td>
<td>65.1%</td>
</tr>
<tr>
<td>At/Near Poverty</td>
<td>12.6%</td>
</tr>
<tr>
<td>Well Above Poverty</td>
<td>22.3%</td>
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</tbody>
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#### Age (n = 12,307)

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>0-5 Years</td>
<td>22.3%</td>
</tr>
<tr>
<td>6-11 Years</td>
<td>19.4%</td>
</tr>
<tr>
<td>12-15 Years</td>
<td>29.0%</td>
</tr>
<tr>
<td>16-21 Years</td>
<td>29.3%</td>
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</tbody>
</table>

#### Race/Ethnicity (n = 12,190)

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Hispanic/Latino
- Two or More Races

*(n = 12,190)*
## Most Common Diagnoses of Children Served by Grantees Initially Funded 2009-2010

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage*</th>
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</thead>
<tbody>
<tr>
<td>Mood Disorders</td>
<td>39.8%</td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity Disorder</td>
<td>32.5%</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>19.0%</td>
</tr>
<tr>
<td>Adjustment Disorders</td>
<td>13.8%</td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td>10.6%</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>10.5%</td>
</tr>
<tr>
<td>Posttraumatic Stress Disorder/Acute Stress Disorder</td>
<td>9.3%</td>
</tr>
<tr>
<td><strong>More than 1 diagnosis</strong></td>
<td><strong>53.1%</strong></td>
</tr>
</tbody>
</table>

Diagnoses based on *DSM–IV* criteria.

*Because children may have more than one diagnosis, percentages for diagnoses may sum to more than 100%.
Outcomes of Children, Youth and Families

Enrollment in a system of care resulted in significantly improved clinical outcomes:

• Improvement in behavioral & emotional symptoms
• Fewer internalizing and externalizing symptoms
• Improvements in levels of clinical impairment
• Fewer suicidal thoughts & attempts
% of Children & Youth Scoring in Clinically Elevated Range on CBCL (Child Behavior Checklist), Grantees Initially Funded in 2009–2010
Outcomes of Children, Youth & Families

After enrollment in a system of care, children and youth:

• Were less likely to be arrested
• Were treated in less restrictive levels of care
• Had improved educational outcomes, including:
  – Higher rates of educational achievement
  – Improved school attendance
  – Fewer suspensions and expulsions
Improved Educational Outcomes for Children & Youth Receiving System of Care Services

- No Suspensions or Expulsions: 63.0% (Intake) vs. 71.9% (6 Months)
- Grades of 'C' or Better: 66.2% (Intake) vs. 69.7% (6 Months)
- Regular Attendance: 78.1% (Intake) vs. 82.6% (6 Months)
Reduced Arrests and Suicide Attempts for Youth Receiving System of Care Services

- Arrested in Past 6 Months (Juvenile Justice Involved):
  - Intake: 49.3%
  - 6 Months: 25.6%

- Suicide Attempt (Child Welfare Involved):
  - Intake: 12.3%
  - 6 Months: 8.2%
Percentage of Youth Involved in the Juvenile Justice System for Youth Receiving System of Care Services

Engaged in Unlawful Behavior:
- Intake: 64.8%
- 6 Months: 54.0%
- 12 Months: 43.5%

Arrested:
- Intake: 21.9%
- 12 Months: 13.3%
- 12 Months: 12.5%

(n = 409, p < .001)
To Recap: Systems of Care WORK!

- Reduced behavioral & emotional problems
- Increased behavioral & emotional skills
- Reduced suicidal ideation & attempts
- Reduced substance use problems
- Improved functioning in school & in the community
- Improved ability to build relationships
And Save Money!
Cost savings are realized as a result of...

- Fewer out-of-home placements/diversion from higher levels of care
- Fewer ER visits
- Better school-related outcomes
- Fewer arrests
- Greater capacity for caregivers to work
Youth served in systems of care are less likely to receive psychiatric inpatient services. From the 6 months prior to intake to the 12-month follow up, the average cost per child served for inpatient services decreased by 42%.

Youth in systems of care are less likely to be arrested, resulting in a 55% reduction in average per-youth arrest-related costs.
Family-Driven Care

• Help families of children with SED to:
  – Access needed mental health services
  – Increase family empowerment
  – Increase school attendance & improve reading scores
    
    (Kutash, Duchnowski, Green & Ferron, 2010)

• Compared to clinician-led family support, family-led family support programs are more likely to:
  – Address caregiver isolation
  – Provide information and education
    
    (Hoagwood, Cavaleri, Olin, Burns, Slaton, Gruttadaro & Hughes, 2010)
Families’ Ratings of System of Care Services Based on Advocate Support

- **Access to Services**
  - Family Had a Family Advocate: 4.38
  - No Family Advocate: 4.13

- **Participation in Services**
  - Family Had a Family Advocate: 4.25
  - No Family Advocate: 3.86

- **Cultural Sensitivity**
  - Family Had a Family Advocate: 4.52
  - No Family Advocate: 4.33

- **Satisfaction with Services**
  - Family Had a Family Advocate: 4.16
  - No Family Advocate: 3.43

*** - p < .001; ** - p < .01; * - p < .05; Ratings of satisfaction with individual services, caregiver report at 6 month follow-up; Family advocate help based on caregiver report of family advocate assisting family in some way, including finances, basic needs, transportation, or navigating services.
Youth Engagement & Leadership

• Promote youth-guided, youth-driven & youth-directed care

• Involve youth in:
  – The development of interventions
  – Care planning
  – Training and workforce development
  – Service delivery model design
  – Social marketing
  – Evaluation
  – Governance
  – Advocacy

• Consider Youth Peer Support Services
  – Youth partners are effective in identifying, engaging, and supporting youth living with mental illness
80+ chapters throughout the United States

- Representing 37 total states, DC and 4 tribes
- Engaging over 10,000 young people
Cultural & Linguistic Competence

- **Cultural Competence:** “The integration of knowledge, information, and data about individuals and groups of people into clinical standards, skills, service approaches and supports, policies, measures, and benchmarks that align with the individual's or group's culture and increases the quality, appropriateness, and acceptability of health care and outcomes” (Cross et al., 1989).

- **Linguistic Competence:** “The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities” (Goode & Jones, 2004).
Evidence-Based Practice & Clinical Excellence

- Intensive care coordination via *High-Fidelity Wraparound*
- Intensive in-home services
- Mobile crisis response and stabilization services
- Respite care
- Other services specified in Informational Bulletins/Memoranda
Out of 28089 Children and Adolescents*

1679 (6%) - Developmental Disability
1422 (4.8%) - Pervasive Developmental Disability
3794 (13.5%) - Learning Disability

Out of 3787 Children and Adolescents*

695 (18.4%) – Speech Impairment
139 (3.7%) – Vision or Hearing Impairment
136 (3.6%) – Physical Disability

*Totals not unduplicated
# Physical Health and Mental Health

<table>
<thead>
<tr>
<th></th>
<th>Psychotic Disorders (n=34)</th>
<th>Mood Disorders (n=572)</th>
<th>Anxiety Disorders (n=146)</th>
<th>PTSD/Acute Stress (n=147)</th>
<th>ADHD (n=636)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>3.5%</td>
<td>49.5%</td>
<td>12.8%</td>
<td>13.2%</td>
<td>59.7%</td>
</tr>
<tr>
<td>Asthma</td>
<td>3.2%</td>
<td>50.7%</td>
<td>12.0%</td>
<td>13.6%</td>
<td>59.3%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>5.3%</td>
<td>71.1%</td>
<td>18.4%</td>
<td>7.9%</td>
<td>36.8%</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>2.4%</td>
<td>65.9%</td>
<td>19.5%</td>
<td>12.2%</td>
<td>51.2%</td>
</tr>
<tr>
<td>High BP</td>
<td>4.0%</td>
<td>60.0%</td>
<td>12.0%</td>
<td>16.0%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Overweight</td>
<td>5.1%</td>
<td>62.6%</td>
<td>17.2%</td>
<td>14.1%</td>
<td>49.5%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>2.6%</td>
<td>65.8%</td>
<td>13.2%</td>
<td>21.1%</td>
<td>47.4%</td>
</tr>
</tbody>
</table>

*Because children may have more than one diagnosis, percentages for diagnoses may sum to more than 100%.*
Comparison of Outcomes

INTERNALIZING

- Youth W/O Physical Health Problem or Developmental Disability: Intake 17.82, 6-Month 15.84, 12-Month 14.95
- Youth With Physical Health DX: Intake 19.68, 6-Month 17.38, 12-Month 16.51
- Youth With Developmental Disability: Intake 16.71, 6-Month 15.08, 12-Month 15.02
Comparison of Outcomes

Externalizing

- Youth W/O Physical Health Problem or Developmental Disability:
  - Intake: 26.03
  - 6-Month: 23.84
  - 12-Month: 22.26

- Youth With Physical Health DX:
  - Intake: 26.15
  - 6-Month: 24.3
  - 12-Month: 22.16

- Youth With Developmental Disability:
  - Intake: 24.98
  - 6-Month: 22.67
  - 12-Month: 21.73

SAMHSA
Substance Abuse and Mental Health Services Administration
Joint CMCS and SAMHSA Informational Bulletin

DATE: May 7, 2013

FROM: Cindy Mann, Director
Center for Medicaid and CHIP Services

Pamela S. Hyde, J.D., Administrator
Substance Abuse and Mental Health Services Administration

SUBJECT: Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions

MAY, 2013 CMS & SAMHSA Joint Bulletin:
Joint CMCS and SAMHSA Informational Bulletin

DATE: January 26, 2015

FROM: Vikki Wachino
      Acting Director
      Center for Medicaid and CHIP Services

      Pamela S. Hyde, J.D.
      Administrator
      Substance Abuse and Mental Health Services Administration

SUBJECT: Coverage of Behavioral Health Services for Youth with Substance Use Disorders

January 2015 CMS & SAMHSA Joint Bulletin:
TO: State, Tribal and Territorial Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act, Indian Tribes and Indian Tribal Organizations

SUBJECT: Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services
Joint Informational Bulletin

DATE: October 16, 2015

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services

Thomas Insel, M.D., Director
National Institute of Mental Health, National Institutes of Health

Kana Enomoto, Acting Administrator
Substance Abuse and Mental Health Services Administration

SUBJECT: Coverage of Early Intervention Services for First Episode Psychosis
Early Onset Psychosis

5% Mental Health Block Grant Set-Aside to Support EBPs

• “The majority of individuals with severe mental illness experience their first symptoms during adolescence in early adulthood.”

• Collaborative effort between SAMHSA and NIMH

• Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care
Early Onset Psychosis: Findings in Systems of Care

- Data collected from grantees funded from 2002 to 2010. Participants with EOP at intake (n = 244) included in this sample.
- Youth with EOP do make improvements in systems of care. From intake to 6 months, children and youth show
  - Improvements in behavioral/emotional symptoms & clinical functioning
  - A reduction in suicide ideation and fewer suicide attempts
  - An increase in school attendance
- Children and youth diagnosed as having early onset schizophrenia enter services with more needs. They are more likely to have
  - Higher symptoms levels
  - Previously attempted suicide
  - Troubles attending school regularly
As part of our Workforce Development Strategic Initiative, we are committed to:

• The development and dissemination of training and competencies
• Supporting the deployment of peer providers in all public health and health care delivery settings
• Increasing the capacity to address behavioral health in all prevention, treatment, and recovery settings
• Supporting adequate funding and payment structures
Introducing Centers of Excellence

- Policy & Finance
- Implementation Support
- Research, Evaluation & Data Linking
- Workforce Development
- External Partnerships & Collaboration

The Institute, 2014
Children in Medicaid are frequently prescribed psychotropic medications, but only half of those getting medications receive accompanying behavioral health services...
Link with System Partners

CHILD WELFARE

BEHAVIORAL HEALTH

JUVENILE JUSTICE

EDUCATION

PRIMARY CARE
QUESTIONS?