Mental Health Services for Children and Adolescents

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• It is estimated that a total of 13-20% of children and adolescents have a diagnosable mental, emotional, or behavioral disorder, and this costs the public $247 billion annually.
• 50% of adult mental illness occurs by age 14; 75% by age 24
• 1 in 10 children in the US suffer from a serious emotional disturbance (SED).
• 1 in 5 young adults aged 18 to 25 (18.7%) had any mental illness in the past year and 3.9% had a serious mental illness.
• In 2015, suicide was the third leading cause of death among youth ages 10-14 and the second leading cause of death between ages 15-34.
According to SAMHSA’s National Survey on Drug Use and Health (NSDUH) 2016:

— Major Depressive Disorder in the past year (ages 12-17)
  • Missouri among the states with the highest annual average percentage
  • Oklahoma and West Virginia in category with the next highest annual average percentage
  • Overall, rates increased significantly across the Southern states from ~8% in ‘08-’09 to ~12% in ‘15-/16
    — *increase significant for the entire country

— Substance Use Disorder in the past year (ages 12-17)
  • SLC states clustered around the lowest annual average percentage of the entire country
  • Southern states also had the lowest prevalence across all age groups
Medicaid Expenditures for the Five Most Costly Conditions in Children (in Billions)

<table>
<thead>
<tr>
<th>Condition</th>
<th>FY 2009</th>
<th>FY 2011</th>
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</thead>
<tbody>
<tr>
<td>Ottis Media</td>
<td>2.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Acute Bronch. &amp; URI</td>
<td>3.1</td>
<td>3.3</td>
</tr>
<tr>
<td>Trauma</td>
<td>6.1</td>
<td>5.8</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>8.0</td>
<td>11.9</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>8.9</td>
<td>13.8</td>
</tr>
</tbody>
</table>

• Lead public health efforts to advance the behavioral health of the nation and reduce the impact of substance use and mental illness on America’s communities.

• Provide grants, contracts, and partnerships to make behavioral health information, services, and research more accessible.
Existing Initiatives

- Systems of Care/Children’s Mental Health Initiative
- School Initiatives
  - Project LAUNCH, Project AWARE, SS/HS, IECMHC
- Statewide Family Networks
- Healthy Transitions
- Trauma
  - NCTSI/NCTSN, ReCAST
- Suicide
  - GLS State/Tribal, National Suicide Prevention Lifeline
- Faith-based Initiatives
- Circles of Care
- Native Connections
- Disaster Assistance
  - CCP, Disaster Behavioral Health Program, DTAC
- Drug Free Communities
- Talk. They Hear You.
- Pregnant and Postpartum Women (PPW)
Examples of Unique Partnerships

• Open Table, [www.theopentable.org](http://www.theopentable.org)
  – Faith-based model to transform the lives of individuals, families, and Communities.
  – Similar to the wraparound model
  – Open Table White Paper

• National Center on Substance Abuse and Child Welfare (NCSACW), [https://ncsacw.samhsa.gov/](https://ncsacw.samhsa.gov/)
  – Provides information, expert consultation, training and technical assistance to child welfare, dependency court and substance abuse treatment professionals to improve the safety, permanency, well-being and recovery outcomes for children, parents, and families.
  – May 2018 Convening in Kansas City
There are amazing things happening across the SLC states

- Centers of Excellence
- State-wide Wraparound Implementation
- Mobile Response and Stabilization Services
- Coordination with Child Welfare and Juvenile Justice
- Early Identification of Psychosis
- Other Policy and Systems Changes
State Examples – South Carolina

• South Carolina Center of Excellence
  – Helps identify and support the use of EBPs for children, youth, and families
  – Part of the Palmetto Coordinated System of Care providing family-centered and seamless supports for children and families in need

• Building Bridges Initiative
  – Collaborative effort to promote positive long term outcomes for youth and families touched by residential interventions

• Federation of Families – Peer Support
  – Ongoing leadership, curriculum development and training for Youth Peer Support Specialists
  – Parent Peer Support Specialists

• Cultural and Linguistic Competence Activities
State Examples – Oklahoma

• Oklahoma Communities of Care (COC)
  – Collaboration between Dept of Human Services and OK Systems of Care (through Dept of Mental Health and Substance Abuse Services)
  – Includes: (1) Embedded Care Coordinators, (2) the “Support is Everyone’s Job Initiative,” and (3) Mobile Stabilization Teams
  – Outcomes:
    • At a 6 month assessment, youth in the OK SOC showed, (1) improved day-to-day functionality; (2) more positive assessment of family life; and (3) reduction in behavioral problems
    • Decreased detentions and suspensions from school
    • Decreased law enforcement contact
    • Decrease self-harm and suicide attempts
    • Referrals across systems increased over time
    • Staff across systems/partnering agencies reported positive program impacts and benefits
State Examples – Texas

• The Texas Center
  – Center of excellence providing continuous quality improvement, policy, financing, research, evaluation, and workforce development expertise to support Wraparound implementation across Texas

• Wraparound and Foster Care
  – 2015-2016: 1915(c) waiver expanded to require Wraparound as the care coordination model and expanded to foster care youth
  – 2017: $2 million to support local MH authorities and private providers to provide additional services to youth in foster care

• Child Welfare Policy Changes
  – ~$9 million for Prevention and Early Intervention services
  – Accountability of Child Placing Agencies in providing timely screening
  – Expanded use of Child Welfare CANS to every 90 days
  – Required data sharing and annual reports between juvenile justice and child welfare for dually involved youth
  – Child Welfare made a stand-alone agency
What’s New?

• New Grants:
  o Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk (CHR) for Psychosis Grants
  o Infant and Early Childhood Mental Health Grant
  o Mental Health Awareness Training Grants (MHAT)
  o Mental Health Technology Transfer Center Cooperative Agreements (MHTTC)
  o Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (Youth and Family TREE)

• Other New Activities:
  o Federal Commission on School Safety
    • National Threat Assessment Center’s Guide
Resources

- SAMHSA’s webpage on children’s mental health, [https://www.samhsa.gov/children](https://www.samhsa.gov/children)
  - National Training and Technical Assistance Center for Child, Youth & Family Mental Health (NTTAC), [https://www.samhsa.gov/nttac](https://www.samhsa.gov/nttac)
  - IECMH, [https://www.samhsa.gov/iecmhc](https://www.samhsa.gov/iecmhc)
- Trauma
  - NCTSI, [https://www.samhsa.gov/child-trauma](https://www.samhsa.gov/child-trauma); NCTSN, [https://www.nctsn.org/](https://www.nctsn.org/)
- School-based
  - SS/HS, [https://www.samhsa.gov/safe-schools-healthy-students](https://www.samhsa.gov/safe-schools-healthy-students)
- Suicide Prevention, [https://www.samhsa.gov/suicide-prevention](https://www.samhsa.gov/suicide-prevention)
- Substance Use
  - Talk. They Hear You. [https://www.samhsa.gov/underage-drinking](https://www.samhsa.gov/underage-drinking)
  - Too Smart to Start, [https://www.samhsa.gov/too-smart-start](https://www.samhsa.gov/too-smart-start)
- Disaster
  - DTAC, [https://www.samhsa.gov/dtac](https://www.samhsa.gov/dtac)
- Tribal
  - Native Connections, [https://www.samhsa.gov/native-connections](https://www.samhsa.gov/native-connections)
  - Circles of Care, [https://www.samhsa.gov/tribal-ttac/circles-care](https://www.samhsa.gov/tribal-ttac/circles-care)
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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