Creating an Informed System of Care: Taking it to the Next Level
April 20, 2015

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Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Rockville, MD
SAMHSA’S STRATEGIC INITIATIVES

1. Prevention of Substance Abuse and Mental Illness
2. Trauma and Justice
3. Health Care and Health Systems Integration
4. Recovery Support
5. Health Information Technology
6. Workforce Development
Key Areas of Focus

Did you know?

Sustainable systems of care

SAMHSA-CMS Bulletin

High-Fidelity Wraparound

Family peer support

Youth engagement

Early onset psychosis

Now is the Time
Did you know?

- 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.

- 1 in 10 adolescents had a Major Depressive Episode in the past year. 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.

- At least 1 in 10 people has a SED at some time in their life.

- In 2010, suicide was the 2nd leading cause of death among youth ages 12-17.

- The life-time and current prevalence of anxiety disorders among children aged 3-17 years is 4.7% and 3%, respectively.

- ADHD occurs in about 8.4% of children ages 3-17.
Childhood trauma is prevalent: 39% of 12–17 year olds reported witnessing violence, 17% reported being a victim of physical assault and 8% reported being the victim of sexual assault.

7.5% of all children aged 6-17 years used prescribed medication during the past 6 months for emotional or behavioral difficulties.

40.4% of youth ages 16-25 receiving mental health outpatient care use psychotropic medication, the second most frequently accessed service.

Childhood trauma is prevalent: 39% of 12 - 17 year olds reported witnessing violence, 17% reported being a victim of physical assault and 8% reported being the victim of sexual assault.
Adverse Childhood Experiences (ACES) & Childhood Trauma
Mental Health Disorders are the MOST Expensive Conditions in Childhood

**CHILDREN USING BEHAVIORAL HEALTH CARE AS A PROPORTION OF TOTAL MEDICAID ENROLLMENT AND EXPENDITURES**

- 90% Enrollment
- 62% Expenditures

Total Children in Medicaid = 29M

- 10% Children Using Behavioral Health Care
- 38% Children Not Using Behavioral Health Care

** Children using behavioral health care in 2005, N= 2,787,919.

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Behavioral Health Accounts for Significant Expenditures Even Among Children With Chronic Physical Conditions

<table>
<thead>
<tr>
<th>Category</th>
<th>Physical Health Service Expense</th>
<th>Behavioral Health Service Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children Using Behavioral Health Services</td>
<td>$4,868</td>
<td>$3,652</td>
</tr>
<tr>
<td>TANF</td>
<td>$3,029</td>
<td>$2,053</td>
</tr>
<tr>
<td>Foster Care</td>
<td>$8,094</td>
<td>$4,036</td>
</tr>
<tr>
<td>SSI/Disability</td>
<td>$7,264</td>
<td>$7,895</td>
</tr>
<tr>
<td>Children Representing Top 10% of Behavioral Health Service Users</td>
<td>$27,977</td>
<td>$20,121</td>
</tr>
</tbody>
</table>

* Includes children with at least one claim for a behavioral health service in 2005 with or without concomitant psychotropic medication use, N = 1,213,201.

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Gary has a fever...

And the only prescription is more systems of care
A System of Care (SOC) is...

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.

Fundamental challenge and rationale for building systems of care:
No one system controls everything. Every system controls something.


System of care is, first and foremost, a set of values and principles that provides an organizing framework for systems reform on behalf of children, youth and families.

Transformation Equation:

\[ T = (V + B + A) \times (CQI)^2 \]

Family Driven
Youth Guided
Cultural & Linguistic Competence
Evidence Based Practices & Clinical Excellence
Continuous Quality Improvement
Children’s Mental Health Initiative (CMHI) Expansion Planning & Implementation Awards (2011-2014)
What do the data say?
Shared Goals

At home, in school, out of trouble
Now kick back and enjoy some data highlights

*Courtesy of ICF International*
National evaluation of Children’s Mental Health Initiative (CMHI)

- SAMHSA-funded initiative
- 106 sites initially funded from 2002 to 2010
- More than 125,000 children and youth have received services
- Data collected between October 2003 and December 2014 on outcomes of children and youth receiving SOC services

National Evaluation of Systems of Care
Methods

- Caregivers interviewed within 30 days of their child’s first service event (and every 6 months)
- Youth aged 11 years and older were also interviewed at intake (and every 6 months)
- Only data from intake interviews used in these analyses
- Measures include
  - Child Behavior Checklist (CBCL)
  - Columbia Impairment Scale (CIS)
Analysis Strategy

• Mixed Linear Modeling
  • Modeling symptoms levels at intake
    • Symptoms are centered around the grand mean

• Fixed effect predictors include race/ethnicity, gender, age (linear and quadratic), and referral source

• Year of funding nested within the grant cohort
  • 1st, 2nd, 3rd, etc. year of funding within grant cycle
Demographics of Study Participants, Grantees Initially Funded 2002-2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>62.5%</td>
</tr>
<tr>
<td>Female</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Poverty</td>
<td>58.8%</td>
</tr>
<tr>
<td>At/Near Poverty</td>
<td>15.2%</td>
</tr>
<tr>
<td>Well Above Poverty</td>
<td>26.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Mean Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>11.20 (SD = 5.0)</td>
</tr>
</tbody>
</table>

Race/Ethnicity (n = 15,669):
- American Indian/Alaska Native: 42.0%
- Black/African-American: 24.0%
- Asian: 1.0%
- White/Caucasian: 20.3%
- Hispanic: 6.5%
- Native Hawaiian/Pacific Islander: 4.3%
- Multiracial: 1.8%
## Most Common Diagnoses of Children Served by Grantees Initially Funded 2002-2010

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Disorders</td>
<td>37.5%</td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity Disorder</td>
<td>35.8%</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>22.8%</td>
</tr>
<tr>
<td>Adjustment Disorders</td>
<td>13.6%</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>9.3%</td>
</tr>
<tr>
<td>PTSD/Acute Stress Disorder</td>
<td>8.9%</td>
</tr>
<tr>
<td>Disruptive Behavior Disorder</td>
<td>8.3%</td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td>7.6%</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%.
• Improvement in behavioral & emotional symptoms
• Fewer internalizing and externalizing symptoms
• Improvements in levels of clinical impairment
• Fewer suicidal thoughts & attempts

Enrollment in a SOC resulted in significantly improved clinical outcomes
After enrollment in a SOC, youth were less likely to be arrested.
After enrollment in a SOC, children were less likely to visit an emergency room.
Higher rates of educational achievement

Improved school attendance

Fewer suspensions & expulsions

Enrollment in a SOC resulted in improved educational outcomes
Significantly Improved Outcomes in Systems of Care

- Improved emotional/behavioral functioning
- Reduced high risk behaviors
- Enhanced family functioning
- Expanded and improved service delivery system
- Increased placement stability

And substantial cost-savings!
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
Let’s take a closer look at some systems of care approaches...
Your Blueprint for Systems of Care

Structuring
- Collaboration
- Leadership
- Governance
- Managing Change
- Strategic Planning

Building
- Interagency Partnerships & Coordination
- Services & Supports
- Evidence-Based Practices

Want to learn more? Visit http://www.tapartnership.org/SOC/SOCimplementing.php
Or download Building Systems of Care: A Primer (2nd Edition) by Sheila A. Pires
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:  

The Wraparound approach is a form of intensive care coordination for children with significant mental health conditions. It is a team-based, collaborative process for developing individualized care plans for children and youth with complex needs and their families...Information about wraparound can be found on the website of the National Wraparound Initiative...
Wraparound: Moving from practice-based evidence to research-informed practice

1990: Burchard et al, publish 1st research article on Wraparound

1996-1998: 1st controlled studies completed (Rusty Clarke et al & Mary Evans et al)

1999: 1st attempt to define principles of Wraparound & showed detailed examples of practice (Barbara Burns & Sybil Goldman)

2003: NWI convenes to define practice model & identify necessary supports for implementation

2009: 7 controlled studies included in first-ever meta-analysis (Suter & Bruns, 2009)

2012: 10 controlled studies in peer reviewed publications; Wraparound listed as a research-based practice by WSIPP & others

2014: Comprehensive literature review conducted by Quick et al finds 200 articles have been published on Wraparound
"WRAPAROUND...
WORTH DOING AND
WORTH DOING WELL."

-Eric Bruns, Ph.D.
Director, UW Wraparound Evaluation and Research Team
Introducing NWIC: The National Wraparound Implementation Center!

- A partnership among the 3 leading universities involved with Wraparound implementation:
  - The University of Washington, School of Medicine, Department of Psychiatry and Behavioral Sciences;
  - Portland State University, School of Social Work; and
  - The University of Maryland, Baltimore, School of Social Work,
- Grounded in implementation science
- Works with sites at any stage of Wraparound implementation;
- Collaboratively designs a comprehensive implementation support plan;
- Accesses in-person and technology-enabled strategies
“Peer Services: Parent and Youth Support Services
Parent and youth support services include developing and linking with formal and informal supports; instilling confidence; assisting in the development of goals; serving as an advocate, mentor, or facilitator for resolution of issues; and teaching skills necessary to improve coping abilities.”
Parent Peer Support Partners (PSPs):

- Bring shared feelings, history, connection and common experience.
- Assist the family in reducing isolation and stigma related to emotional, behavioral and mental health disorders.
- Assist and support family members to navigate through multiple agencies and systems through mutual learning that comes from common lived experience.
- Work with the family to reinforce hope and build confidence about their ability to manage life without formal support.

The Institute for Innovation & Implementation, University of Maryland School of Social Work (2014).
Parent Support Makes a Difference

- School-based parent support programs have been shown to help families with a child with an emotional disorder to:
  - Access needed mental health services
  - Increase family empowerment
  - Increase school attendance and improve reading scores
    \[(Kutash, Duchnowski, Green & Ferron, 2010)\]

- When compared to clinician-led family support programs, family-led family support programs are more likely to:
  - Be affiliated with national or local family-run organizations and
  - Address caregiver isolation and to provide information and education.
    \[(Hoagwood, Cavaleri, Olin, Burns, Slaton, Gruttadaro & Hughes, 2010)\]
Youth Engagement and Leadership

Promoting Youth Involvement in Systems of Care
81 chapters throughout the country!
- Representing 37 total states, DC and 3 tribes
- Engaging over 9,000 young people

Recent accomplishments include:
- National Young Leader’s Network
- Replicating the *What Helps What Harms* policy initiative on a national scale
- Establishing the National Commission on YPS with SAMHSA funding
- Contributing to 4 SAMHSA publications

www.youthmovenational.org
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
NOW IS THE TIME

The President’s plan to protect our children and our communities by reducing gun violence
FY2014 Healthy Transitions Grantees
3 Steps to Transforming Lives
Be on the lookout for new opportunities
Millions of young adults have gotten covered on their parent’s plan, because the law says they can now do so until they turn 26.
Check Out Our PSAs!
Want to help young adults with behavioral health needs? There’s an app for that!

Coming soon....

Suicide Safe: The Suicide Prevention App for Behavioral Health and Primary Care Professionals
Updated Youth Topic: LGBT Youth

Addressing LGBT-related stigma, discrimination, and violence; building on the strengths of LGBT youth; and fostering supports such as family acceptance and safety, affirming environments in schools and other settings will help improve outcomes for LGBT young people. See our updated youth topic on LGBT youth.

Click for the full story

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Youth Topics

Through the Youth Topics series, the Interagency Working Group on Youth Programs provides information, strategies, tools, and resources for youth, families, schools, and community organizations related to a variety of cross-cutting topics that affect youth.

Choose a topic:

In Focus: Reconnecting Youth
Don’t miss KSOC-TV!

View all of the KSOC-TV webisodes on the SAMHSA YouTube channel or by going to www.samhsa.gov/children
Introducing Our TA Partners
For All Your Systems of Care Needs
2 Use the buddy system when working on systems change...
Link with System Partners

- Child Welfare
- Juvenile Justice
- Behavioral Health
- Education

- Primary Care
Partnerships At All Levels
3 Be a Champion
Check out the 2014 Children’s Mental Health Awareness Day Webcast at

Save the Date: May 7, 2015
Prioritize being a Supporter of Child, Youth & Family Mental Health!
We would not want you to leave with prehistoric ideas...

Don’t be a dinosaur!!
However, if you were a dinosaur......
You would be an AWESOMEASAURUS
We want you to spread the word about systems of care!
Now get excited... You have an AMAZING conference ahead of you!
Get Busy...
...And Get to Work!
This has been the highlight of my day