The views, policies, and opinions expressed in written conference materials or publication and by speakers and moderators do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
It is estimated that 20% of children and adolescents have a diagnosable mental, emotional, or behavioral disorder, and 10% have a Serious Emotional Disturbance (SED) that significantly impacts functioning at home, at school or in the community. Costs the public $247 billion annually.

1 in 10 older adolescents aged 16 to 17 had a Major Depressive Episode (MDE) in the past year. 1 in 5 young adults aged 18 to 25 (18.7%) had a mental illness in the past year and 3.9% had a serious mental illness.

In 2015, suicide was the second leading cause of death among youth ages 12-17.

Young adults 19-25 covered under their parents’ plans as a result of the ACA had an increase in mental health service use

Nearly 25% of adolescents aged 12-17 have used illicit drugs

By age 13, 1/3rd of boys and 1/4th of girls have tried alcohol

Of adolescents in pediatric trauma centers, more than 1/3rd are treated for alcohol & drug use
Did you know...

• 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.

• 50% of adult mental illness is manifested by age 14; 75% by age 24.
Adverse Childhood Experiences (ACES) & Childhood Trauma

rwjf.org/vulnerablepopulations
Children in Medicaid are frequently prescribed psychotropic medications, but only half of them are receiving accompanying behavioral health services...

* Based on all children in Medicaid receiving psychotropic medications in 2005, N = 1,686,387.
SAMHSA’s Child, Adolescent & Family Branch (CAFB)

- Caring for Every Child’s Mental Health Campaign
- Children’s Mental Health Initiative (CMHI)
- Circles of Care
- Now is The Time (NITT) – Healthy Transitions
- Research & Training Centers
- Statewide Family Networks
- Technical Assistance Centers
Consistent Values and Principles

Transformation Equation:

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

Family Driven
Youth Guided
Cultural & Linguistic Competence
Evidence Based Practices & Clinical Excellence
Continuous Quality Improvement
A System of Care 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 that...

**Fundamental challenge & rationale for building SOC:**

- No one system controls everything.
- Every system controls something.


...in order to help families function better at home, in school, in the community, and throughout life.
- Child Adolescent Service System Program (CASSP) – 1984
- Comprehensive Community Mental Health Services Program for Children and Their Families – 1993
- 318 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
  - FY 2017: 9 Expansion and Sustainability Cooperative Agreements
Family-driven means families have the primary role in decisions regarding their children as well as the policies and procedures governing the well-being of all children in their community, state, tribe, territory and nation. This includes, but is not limited to:

- Identifying their strengths, challenges, desired outcomes/goals, and the steps needed to achieve those outcomes/goals;
- Designing, implementing, monitoring, and evaluating services, supports, programs, and systems;
- Choosing supports, services, and providers who are culturally and linguistically responsive and aware;
- Partnering in decision-making at all levels.
Promote youth-guided, youth-driven & youth-directed care

Involve youth in:
- Development of interventions; care planning; training and workforce development; service delivery model design; social marketing; evaluation; governance; and 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 39 total states, DC and 4 tribes
- Engaging over 10,000 young people
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
- Youth and Family Peer Support Services
- Other services specified in Informational Bulletins/Memoranda
On January 11, 2018 Elinore F. McCance-Katz, Assistant Secretary for Mental Health and Substance Use announced plans to make significant changes/improvements to NREPP.

NREPP is being transformed to make improvements that:

- Advance the use of science, in the form of data and evidence-based policies;
- Improve requirements and methods for determining eligibility; and,
- Increase the role of targeted technical assistance and training using local and national expertise to assist with program IMPLEMENTATION.
What do the data say about systems of care?
National Evaluation of Children’s Mental Health Initiative (CMHI)

• SAMHSA-funded initiative
• More than 150,000 children and youth have received services
• Data collected between October 2003 and December 2017 on outcomes of children and youth receiving SOC services
## Demographics of Study Participants, Grantees Initially Funded 2009-2010

<table>
<thead>
<tr>
<th>Gender (n = 12,316)</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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty Status (n = 2,045)</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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (n = 12,307)</th>
<th>Percentage</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

### Race/Ethnicity

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

- Total (n = 12,190)
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage*</th>
</tr>
</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>More than 1 diagnosis</td>
<td>53.1%</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%.
Enrollment in a SOC 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
#2 After enrollment in a SOC, youth were less likely to be arrested
After enrollment in a SOC, children were treated in less restrictive levels of care.
Enrollment in a SOC resulted in improved educational outcomes

- Higher rates of educational achievement
- Improved school attendance
- Fewer suspensions & expulsions
• Fewer out-of-home placements and diversion from higher levels of care
• Fewer ER visits
• Fewer arrests
• Greater capacity for caregivers to work
Key Priorities

- Workforce
- Young Adults
- Building Bridges Initiative
- Psychotropic Medications
- Financing & ROI
- Family & Youth Movements
- Use of Technology
- Brain Development
- Faith-Government Partnership – OPEN TABLE
- Evidence-Based Practices
21st Century Cures Act

AS IT RELATES TO SYSTEMS OF CARE:

Extending eligibility through 21 years of age (rather than up to 21 years of age)

Permission to provide technical assistance to entities other than those receiving a grant

Identifies Level Funding ($119M) from 2018-2022
The 21st Century Cures Act (Public Law 114-255) authorizes the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) to enhance coordination across federal agencies to improve service access and delivery of care for people with SMI and SED and their families. The ISMICC is charged to:

- Report on advances in research on SMI and SED related to prevention, diagnosis, intervention, treatment and recovery, and access to services and supports;
- Evaluate the effect federal programs related to SMI and SED have on public health, including outcomes across a number of important dimensions; and
- Make specific recommendations for actions that federal departments can take to better coordinate the administration of mental health services for adults with SMI or children with SED
Interdepartmental Serious Mental Illness Coordinating Committee

The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers

December 10, 2017

SAMHSA’s National Children’s Mental Health Awareness Day 2018
May 10, 2018

Theme: Integrated Care
Difference Between Implementation and Sustainability

- Implementation and sustainability are not separate requiring different plans or strategies
- Should be no dichotomy or disconnect – plans and strategies should be for both
- Nothing should be implemented without a strategy for sustaining
- Financing is significant, but sustainability is more than financing:
  - Approach, values and principles
  - Shift to new types of services and supports (home- and community-based)
  - Shift in practice approaches (more effective interventions, individualized approach, prevention and early intervention, etc.)

Lesson: Implementing and sustaining are the same goal, and all strategies should focus on both implementation and sustainability
SAMHSA’s Learning Center

https://nrepp-learning.samhsa.gov/how-sustain
Get Excited...
And Keep it Going!!
Thank you.

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

Presenter Contact Information (Optional) – Use 20pt. Calibri typeface set to auto black color

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)