

SAMHSA: Increasing Access to Behavioral Health Services and Supports through Systems of Care



National Children's Mental Health Awareness Day—May 5, 2016

The purpose of this report is to illustrate how serving children and adolescents within a system of care increases access to behavioral health services and supports and improves outcomes. Across the U.S. there is growing concern about the unmet needs of children with serious emotional disturbance, and their families. Between 13% and 20% of children in the United States experience a serious emotional disturbance in a given year.¹ However, only about half of all children in need of behavioral and emotional services receive them.² Many uninsured youth and young adults who cannot afford the cost of care are less likely to receive substance use and mental health services.³

Research has shown that when a child or youth has a mental health disorder, both the child or youth and their caregivers are impacted. In particular, caregivers might experience high levels of strain or have less time to devote to seeking and engaging in employment. However, there is good news. When children and youth receive the treatment they need, caregivers are more likely to report reduced stress and better employment outcomes.⁴

Since 1993, SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Program, commonly called the Children's Mental Health Initiative (CMHI), has funded 300 grants and cooperative agreements to establish and support the widescale expansion of systems of care. Under this Initiative, states, counties, territories, and federally recognized Native American tribes and Alaska Native communities have built meaningful partnerships among child-serving agencies in their jurisdictions to provide a comprehensive array of coordinated evidence-based services to children and youth, and their families. The

goal is to help improve the functioning of children and youth in school, at home, and in the community.⁵ This coordination promotes greater access to mental health services, as children and youth are able to enter the system of care through multiple entry points. Data show that among children and youth served by system of care grantees initially funded in 2009–2010, 27% were referred by mental health agencies, 14% by caregivers, 13% by schools, 13% by child welfare agencies, and 9% by the juvenile justice system. This indicates that systems are working together to provide access to mental health services and supports for families.

Services That Help Families

The system of care philosophy promotes services that are family driven, youth guided, and culturally responsive to the needs of children, youth, and families. Data from the national evaluation of the CMHI indicate that among caregivers entering system of care services, more than two thirds rated themselves as having levels of parenting stress well above average. In addition, more than 50% of the caregivers reported that they were unemployed in the past 6 months. Of those caregivers who were unemployed, 11% reported that the primary reason for being unemployed was attending to their child's behavioral and emotional needs.

Caregivers were asked to rate, on a 5-point scale (with a rating of 5 indicating high satisfaction), how well the services they received met the needs of their family. The most highly rated service was flexible funds (4.32). These are funds that directly support a child and family's treatment plan by helping to meet their basic needs such as clothing for school, or paying for

a therapeutic service or activity that is not covered by other forms of reimbursement. Also highly rated were transportation services (4.23), which increase families' access to services by getting them to appointments. Additionally, caregiver and family supports, which often include helping families to navigate "the mental health system" and access services, was rated 4.15. Frequently used mental health services such as individual therapy (3.77) and medication monitoring (3.82) were also highly rated. These results present a convincing message from families: Systems of care improve families' access to needed services and, as a result, the lives of children, youth, and their families.

Previous research has shown that children and youth experience better outcomes when services are provided in a culturally responsive manner. This includes being served by providers who respect their cultural and religious beliefs and present information in language that is easy for caregivers to understand.⁶ When caregivers were asked to rate how well systems of care met this goal of being culturally and linguistically responsive, 96% reported being either *mostly satisfied* or *very satisfied*.



Positive Outcomes for Children and Youth Served by Systems of Care

According to data from the national evaluation of the CMHI,⁷ children and youth who received system of care services improved their behavioral and emotional symptoms (see Figure 1). On the Child Behavior Checklist (CBCL),^{8,9} children and youth showed significant decreases in their symptoms from entry to services to 12 months. Figure 1 also shows that these children and youth experienced decreases in internalizing symptoms, such as anxiety and depression, and externalizing symptoms, such as aggression and rule-breaking.

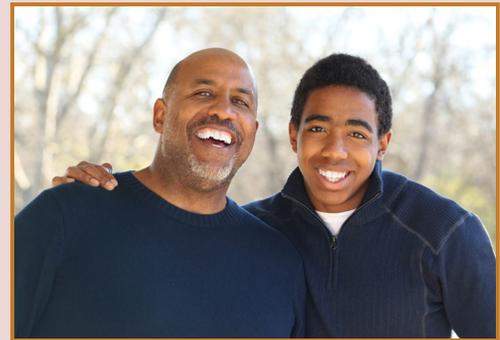
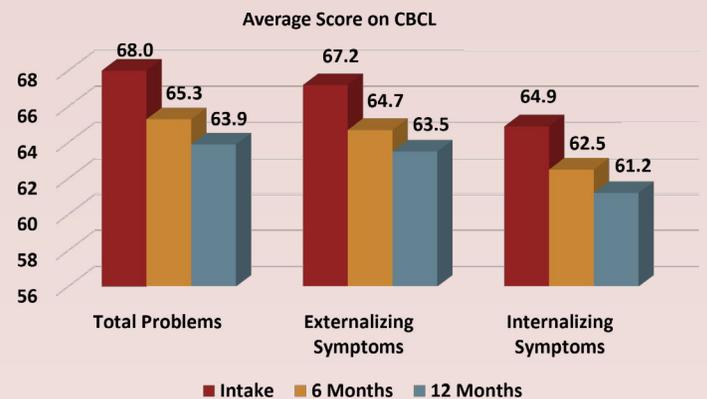
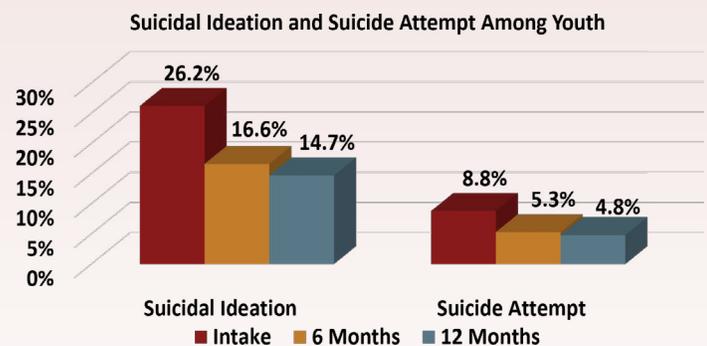


Figure 1. Children and Youth Show Improvement in Behavioral and Emotional Symptoms



The evidence also shows improvements in other areas of functioning by children and youth who received system of care services. In the 6 months prior to entering a system of care, 26% of children and youth reported having experienced thoughts of suicide, and 9% had made an actual suicide attempt. Figure 2 shows that 1 year later, rates of suicidal thoughts had been reduced by 43% and rates of suicide attempts had been reduced by 45%.

Figure 2. Children and Youth Have Fewer Suicidal Thoughts and Make Fewer Suicide Attempts



Caregivers Benefit, Too!

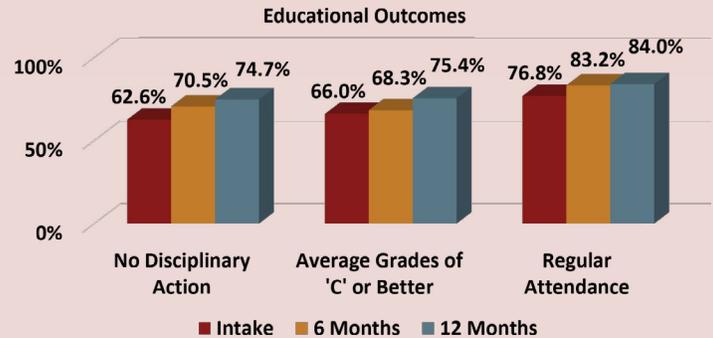
Caregivers of children and youth also showed improvements after accessing the services they needed through systems of care. While 68% of caregivers reported that they experienced parenting stress levels above the clinical range prior to intake, after 6 months that number decreased to 57%. At 12 months, that proportion had been reduced to 51%. Additionally, among caregivers who reported at intake that they were unemployed because of their child's behavioral and emotional problems, 23% were employed at the 6-month follow-up. Among those caregivers who were unemployed, 50% no longer stated that the reason they were unemployed was because of their child's behavioral and emotional needs.



Youth aged 11 years and older showed benefits from being able to access system of care services. Among this age group, 20% reported that they had been arrested in the 6 months prior to entering services. By the 12-month follow-up, the proportion who had been arrested in the previous 6 months had been reduced by 50%. Through close partnerships with local juvenile justice agencies, systems of care coordinated behavioral health services that also helped to reduce further contact with law enforcement and the legal system.

Children and youth also showed improvements in their academic achievement while receiving system of care services. Figure 3 shows that the proportion of children and youth who attended school on a regular basis increased from 77% to 84% from intake to 12-month follow-up. The percentage who did not have any major disciplinary actions during that time increased from 63% to 75%. This was accompanied by increases in academic achievement, with the percentage of children and youth who achieved average grades above a 'C' increasing from 66% to 75%.

Figure 3. Children and Youth Show Improved Grades



Access, Progress, Success

Systems of care provide services that improve access to culturally and linguistically responsive mental health services for children, youth, and families. Overall, the data demonstrate that after children and youth are enrolled in system of care services, they show measureable improvements in their behavioral and emotional health and in their academic performance. Additionally, the evidence shows that helping a child or youth build resilience helps the whole family; caregivers report better employment opportunities and reduced stress in their parenting role. Through meaningful partnerships among child-serving agencies, systems of care help families access the services they need, and improve their lives.



Spotlight

The Mescalero Apache Tribe received a system of care grant (MSOC) in 2010 to serve the mental health needs of children, youth, and families. Increasing access to care was a major area of focus from day 1 of the grant initiative. The reservation spans 463,000 acres and families are spread across the reservation and into neighboring communities. MSOC has made great strides to increase access to care and improve cultural competence, and continues to create strategies to engage youth and families in services. To increase access to services and minimize the amount of travel needed to receive care, MSOC expanded outreach and services across the expanse of the reservation by transporting families to services and providing services in schools.



Access to services has also been promoted through peer support in service planning, and collaboration with the Prevention Program Native Connection and the Tribal Court Youth Probation Officer. MSOC also created an equine-assisted therapy program, which fits well with the “horse culture” of the community and promotes participation in therapy. In addition to making services more accessible, MSOC also focuses on the cultural and linguistic needs of the community. First, the majority of the staff are tribal members. In addition, all staff attended Apache language classes to increase their fluency in the Apache language. Youth have encouraged others to participate in services by promoting mental health awareness through presentations and community activities. In doing so, MSOC has improved the lives of Apache children, youth, and families.

Highlights

Systems of care increased access to mental health services for children and youth and provided high-quality, coordinated, and culturally and linguistically responsive services to meet their needs. Children and youth who received services showed

- Fewer behavioral and emotional symptoms
- Fewer thoughts of suicide and suicide attempts
- Improved school attendance and academic performance
- Fewer arrests

Caregivers showed positive outcomes as well, including better employment opportunities and reduced stress.

Sources of Data

Children and youth who receive services in federally funded systems of care range in age from birth to 21 years, with the majority of youth being between 2 and 17. These youth meet standardized diagnostic criteria for *serious emotional disturbance* or are at clinically imminent risk for developing a disorder. Findings presented in this report represent data collected by the national evaluation from 29 system of care grantees who were initially funded in 2009 and 2010. Data were collected between October 2010 and December 2015, and represent 4,584 children and youth.

References

1. Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., Hedden, S. L., . . . Huang, L. N. (2013). Mental health surveillance among children – United States, 2005–2011. *Morbidity and Mortality Weekly Report*, 62(2), 1–35.
2. Merikangas, K. R., He, J., Burstein, M. E., Swendsen, J., Avenevoli, S., Case, B., Georgiades, K., . . . Olfson, M. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(1), 32–45.
3. Substance Abuse and Mental Health Services Administration. (2015, September). NSDUH: Data Review: *Receipt of Services for Behavioral Health Problems: Results from the 2014 National Survey on Drug Use and Health*. Rockville, MD: Author.
4. Brennan, E. M., & Lynch, F. L. (2008). Economic impact and supports. In J. M. Rosenzweig & E. M. Brennan, *Work, life, and the mental health system of care* (pp. 239-268). Baltimore, MD: Paul H. Brookes.
5. Stroul, B., Goldman, S., Pires, S., & Manteuffel, B. (2012). *Expanding systems of care: Improving the lives of children, youth, and families*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.
6. Huey, S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology*, 37(1), 262-301.
7. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2014). *The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances, Report to Congress, 2014*. Rockville, MD: National Evaluation Team.
8. Achenbach, T., & Rescorla, L. (2000). *Manual for ASEBA Preschool Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.
9. Achenbach, T., & Rescorla, L. (2001). *Manual for ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.