

# System of Care (SOC) in 2018

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# Did you know...



- 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

## WHAT IMPACT DO ACEs HAVE?

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



Possible Risk Outcomes:

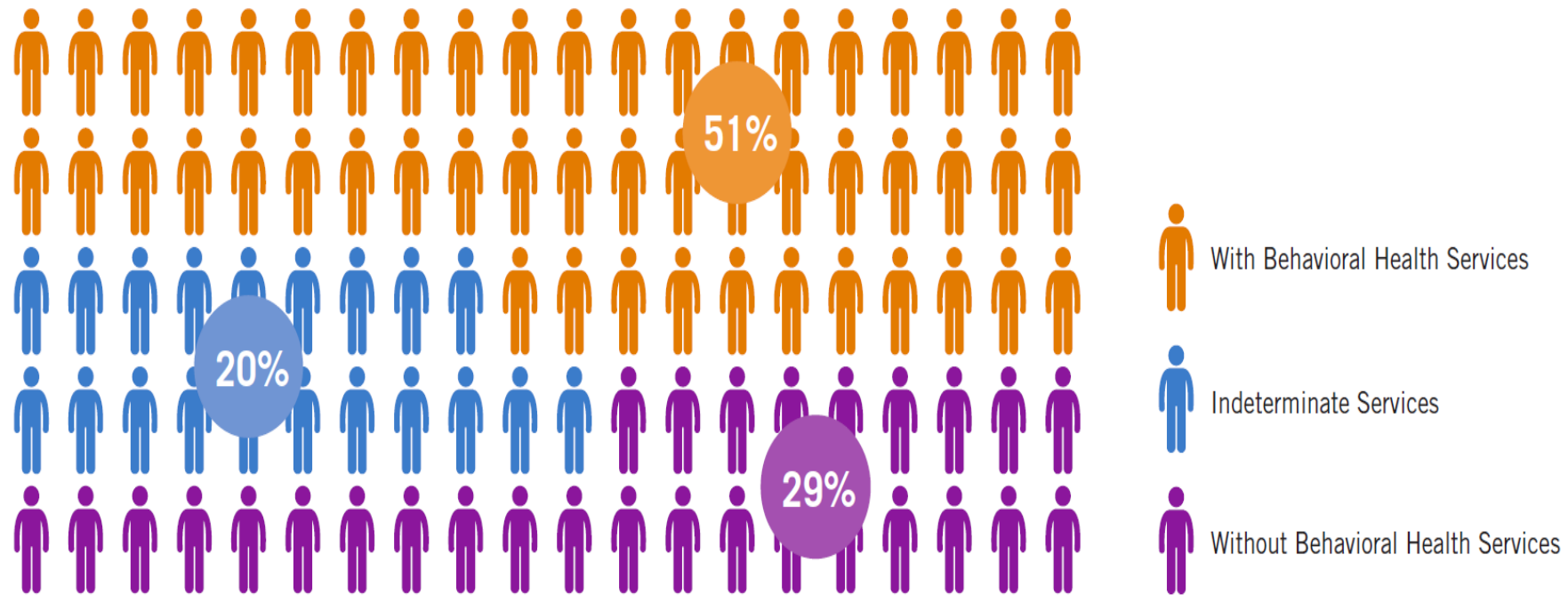
BEHAVIOR				
 Lack of physical activity	 Smoking	 Alcoholism	 Drug use	 Missed work
PHYSICAL & MENTAL HEALTH				
 Severe obesity	 Diabetes	 Depression	 Suicide attempts	 STDs
 Heart disease	 Cancer	 Stroke	 COPD	 Broken bones

[rwjf.org/vulnerablepopulations](http://rwjf.org/vulnerablepopulations)



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# 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



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# 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

*Fundamental challenge & rationale for*

*building SOC:*

**No one system controls everything.**

**Every system controls something.**

Stroul, B., Blau, G., & Friedman, R. (2010).

**...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 Care

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.

# Youth Engagement & Leadership

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

# YOUTH MOVE NATIONAL

80+ chapters throughout the United States

- Representing 39 total states, DC and 4 tribes
- Engaging over 10,000 young people



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# 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).*



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# Evidence-Based Practice & Clinical Excellence

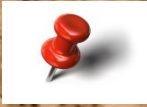
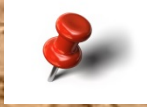
- Intensive care coordination via *High-Fidelity Wraparound*
- Intensive in-home services
- Mobile crisis response and stabilization services
- Respite care
- Youth and Family Peer Support Services
- Other services specified in Informational Bulletins/Memoranda



- 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.







**MAY, 2013 CMS & SAMHSA Joint Bulletin:**  
<https://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-26-2015.pdf>



What do  
the data say about  
systems of care?



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# National Evaluation of Children's Mental Health Initiative (CMHI)

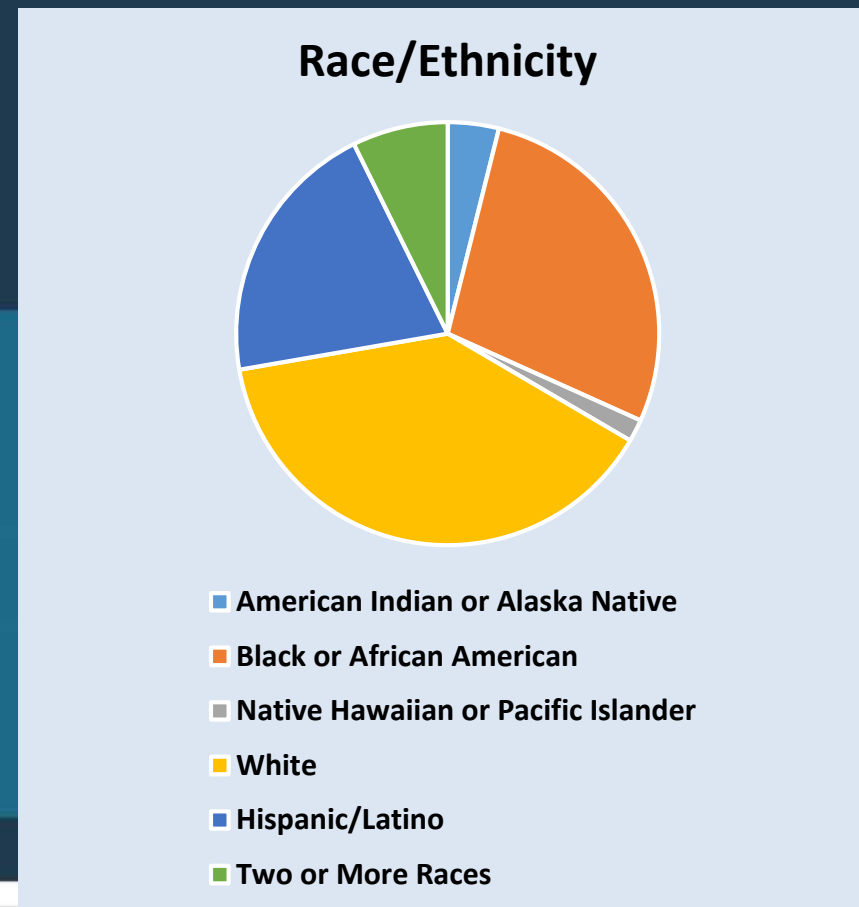
- SAMHSA-funded initiative
- More than 150,000 children and youth have received services
- Data collected between October 2003 and December 2017 on outcomes of children and youth receiving SOC services



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# Demographics of Study Participants, Grantees Initially Funded 2009-2010

Gender (n = 12,316)	Percentage
Male	58.0%
Female	41.8%
Other (including transgender)	0.2%
Poverty Status (n = 2,045)	Percentage
Below Poverty	65.1%
At/Near Poverty	12.6%
Well Above Poverty	22.3%
Age (n = 12,307)	Percentage
0-5 Years	22.3%
6-11 Years	19.4%
12-15 Years	29.0%
16-21 Years	29.3%



# Most Common Diagnoses of Children Served by Grantees Initially Funded 2009-2010

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

Diagnoses based on *DSM-IV* criteria.

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



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- Improvement in behavioral & emotional symptoms
- Fewer internalizing and externalizing symptoms
- Improvements in levels of clinical impairment
- Fewer suicidal thoughts & attempts

**#1**

Enrollment in a SOC resulted in  
**significantly improved  
clinical outcomes**



# #2

After enrollment in a SOC, youth were  
**less likely to be  
arrested**



# #3

After enrollment in a SOC, children were  
treated in less  
restrictive levels of care







- Higher rates of educational achievement
- Improved school attendance
- Fewer suspensions & expulsions

# #4

Enrollment in a SOC resulted in  
**improved educational  
outcomes**

# Systems of Care Work! Outcomes of Children, Youth and Families



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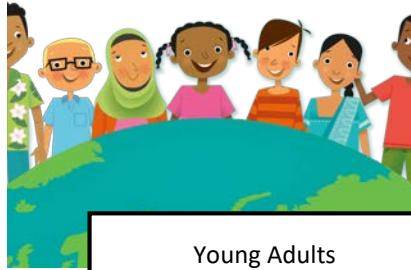
- Fewer out-of-home placements and diversion from higher levels of care
- Fewer ER visits
- Fewer arrests
- Greater capacity for caregivers to work



# Key Priorities



Workforce



Young Adults



Building Bridges Initiative



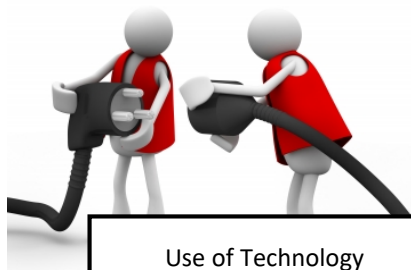
Psychotropic Medications



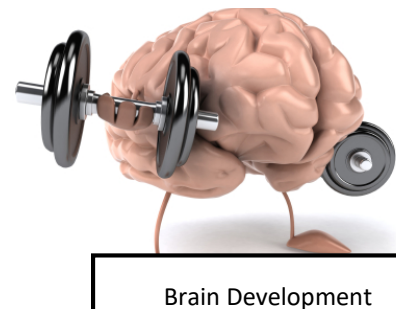
Financing & ROI



Family & Youth Movements



Use of Technology



Brain Development



Faith-Government Partnership  
– OPEN TABLE



Evidence-Based Practices

# 21<sup>st</sup> 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 Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)

**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



# ISMICC Report to Congress-December, 2017



**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 13, 2017



<https://store.samhsa.gov/product/The-Way-Forward-Federal-Action-for-a-System-That-Works-for-All-People-Living-With-SMI-and-SED-and-Their-Families-and-Caregivers-Full-Report/PEP17-ISMICC-RTC>

# 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.)

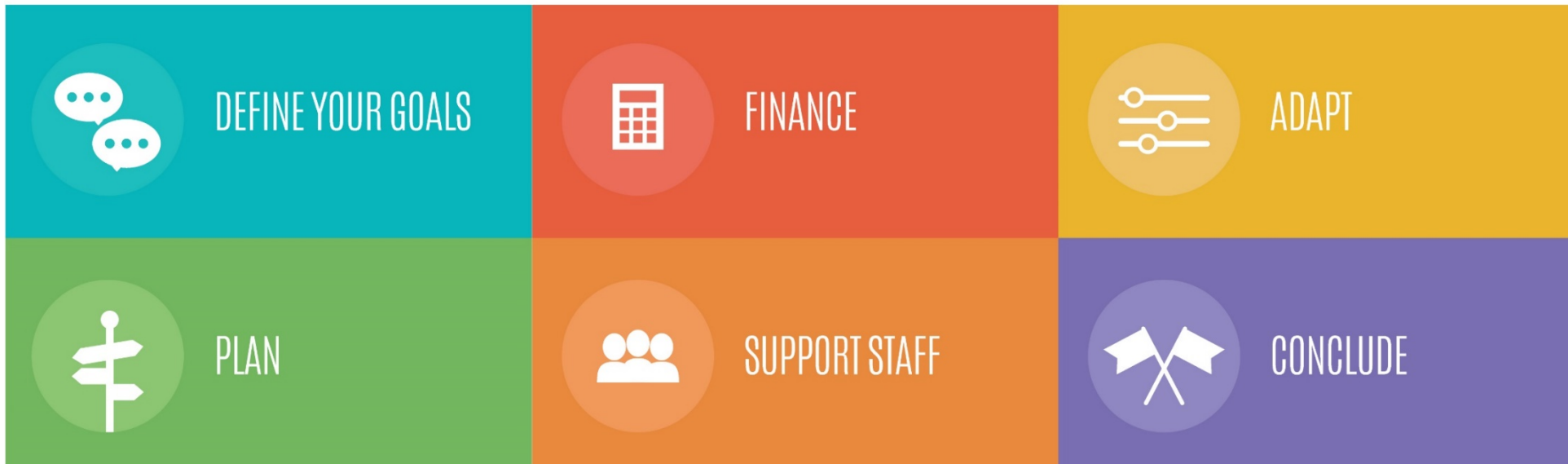
**Lesson: Implementing and sustaining are the same goal, and all strategies should focus on both implementation and sustainability**



# SAMHSA's Learning Center

<https://nrepp-learning.samhsa.gov/how-sustain>

## SUSTAIN A PROGRAM





Get  
Excited...



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# And Keep it Going!!



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# 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](http://www.samhsa.gov)

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