Multi-System Youth

Supportive Passages for Children, Youth, and Families to Prevent Multi-System Involvement

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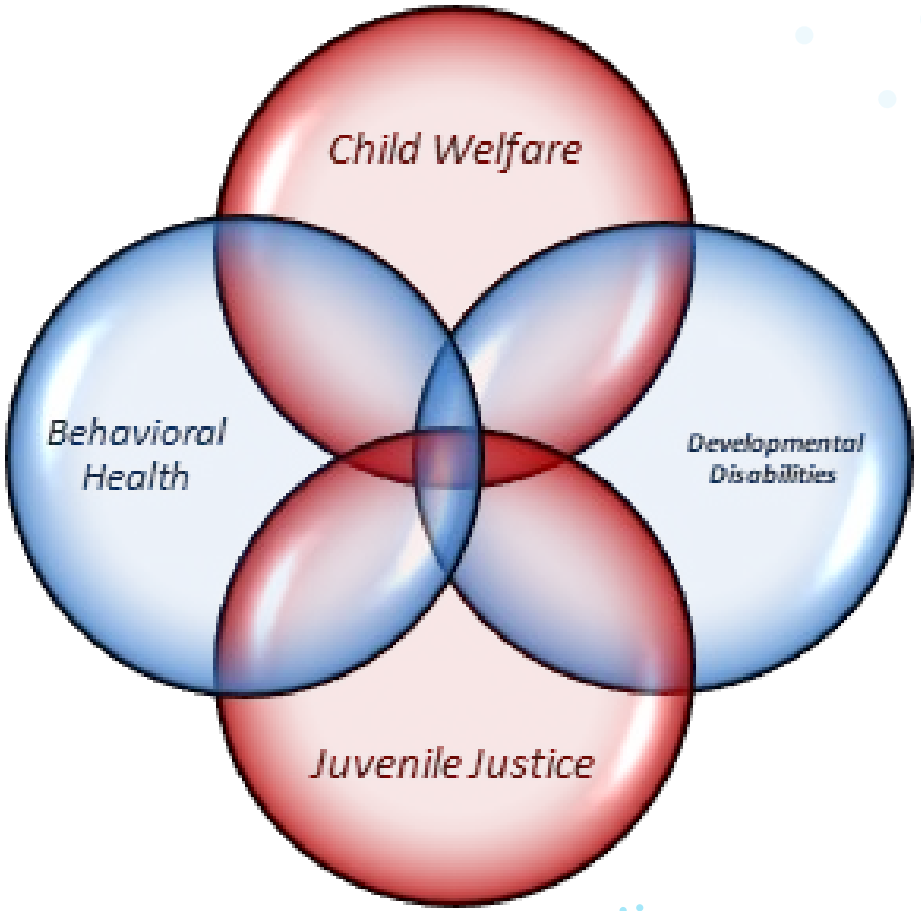
Introduction – *Youth with Multi-System Involvement*

- Youth and their families can become involved in multiple child-serving systems prompting systems and state agencies to define them as **"Multi-system-involved youth"**
- These youth are **more likely** to have any number of behavioral health conditions and increased trauma than youth who are not involved in multiple systems.
- This highlights the need for state agencies to coordinate care for addressing the needs of children and youth involved in multiple systems, prioritizing efforts that are **supportive and not duplicative.**



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Prevalence of Behavioral Health Conditions

- A Johns Hopkins study found that nearly one in five children in the U.S., ages 3 to 17, experience at least one mental, emotional, or behavioral health condition. The likelihood of these challenges increases significantly depending on the number and type of social or relational risks a child has faced — ranging from about 15 percent to as high as 60 percent in some groups.

- CDC highlights the following statistics to increase understanding of the scope and utilization of behavioral health needs of children and youth :

  → *Most **prevalent disorders diagnosed** among U.S. children and youth aged 3–17 years were attention-deficit/hyperactivity disorder and anxiety, each affecting approximately one in 11 (9.4%–9.8%) children.*

  → *Among children and youth aged 12–17 years, one fifth (20.9%) had ever experienced a major depressive episode.*

  → *Youth ages 10–21 years die by suicide at a rate of 7.42 per 100,000, in 2022, and is the second-leading cause of death for young people per the CDC's National Violent Death Reporting System (NVDRS).*

  → *Approximately one in four children and youth aged 12–17 years reported having **received mental health services** during the past year, and 9.6%–10.1% of children and youth aged 3–17 years, had received mental health services.*

Prevalence of Behavioral Health Conditions within Child Welfare, Juvenile Justice Systems, and IDD

POPULATION	PREVALENCE OF BEHAVIORAL HEALTH CONDITIONS	COMMON DIAGNOSIS	% RECEIVING TREATMENT
Child Welfare (foster care, abuse / neglect involved)	49%	Disruptive Disorder (conduct, ODD) ADHD, Anxiety, Depression, trauma	45%
Juvenile Justice (incarcerated or court-involved)	49–70%	Anxiety, depression, ADHD, SUD, Conduct	36%
Intellectual & Developmental Disabilities (IDD)	38–65%	ADHD, Anxiety, OCD, Mood Disorders	~10%

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Characteristics of Children and Youth with Multi-System Involvement

- Children and youth involved in multi-systems often meet the criteria for what is broadly referred to as **“serious emotional disturbance” (SED)**
- SED is itself not a diagnosis but a category
- SED defines children who may need significant support to improve their social and emotional well-being across life domains, as family and social relationships are negatively impacted
- Prevalence ranges from 4.3% to 11.3% of children*

*https://www.cmhnetwork.org/wp-content/uploads/2021/05/The-Evolution-of-the-SOC-Approach-FINAL-5-27-20211.pdf

The statistics point to behavioral health as a public health concern

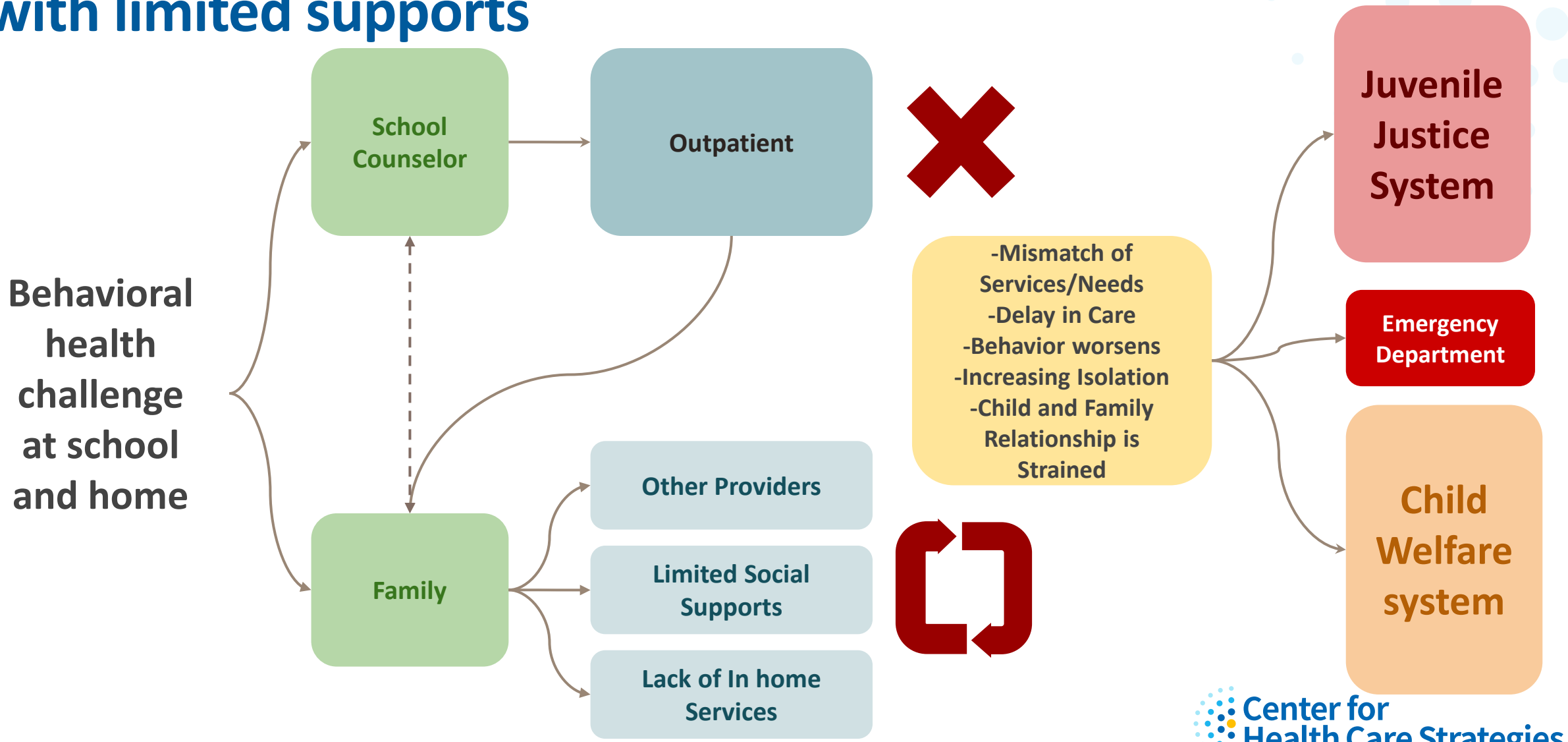
The pandemic and social media exacerbated behavioral health and well-being needs of children

Supporting *Children's Behavioral Health*

Key Points

- Children's behavioral health and well-being needs should be considered within the **context of their *families.***
- Children are not little adults. Service design and considerations will look different.
- Access to behavioral health services should not have to involve the **juvenile justice** or **child welfare system** as involvement of these systems invites ***unnecessary* judicial oversight** and **court involvement** and can cause **significant strain** on parent-child relationships.
- It is important to note that just because a youth is involved in multiple systems, it does not define who they are or fully identify their needs.

Passage of youth and family through a fragmented system with limited supports



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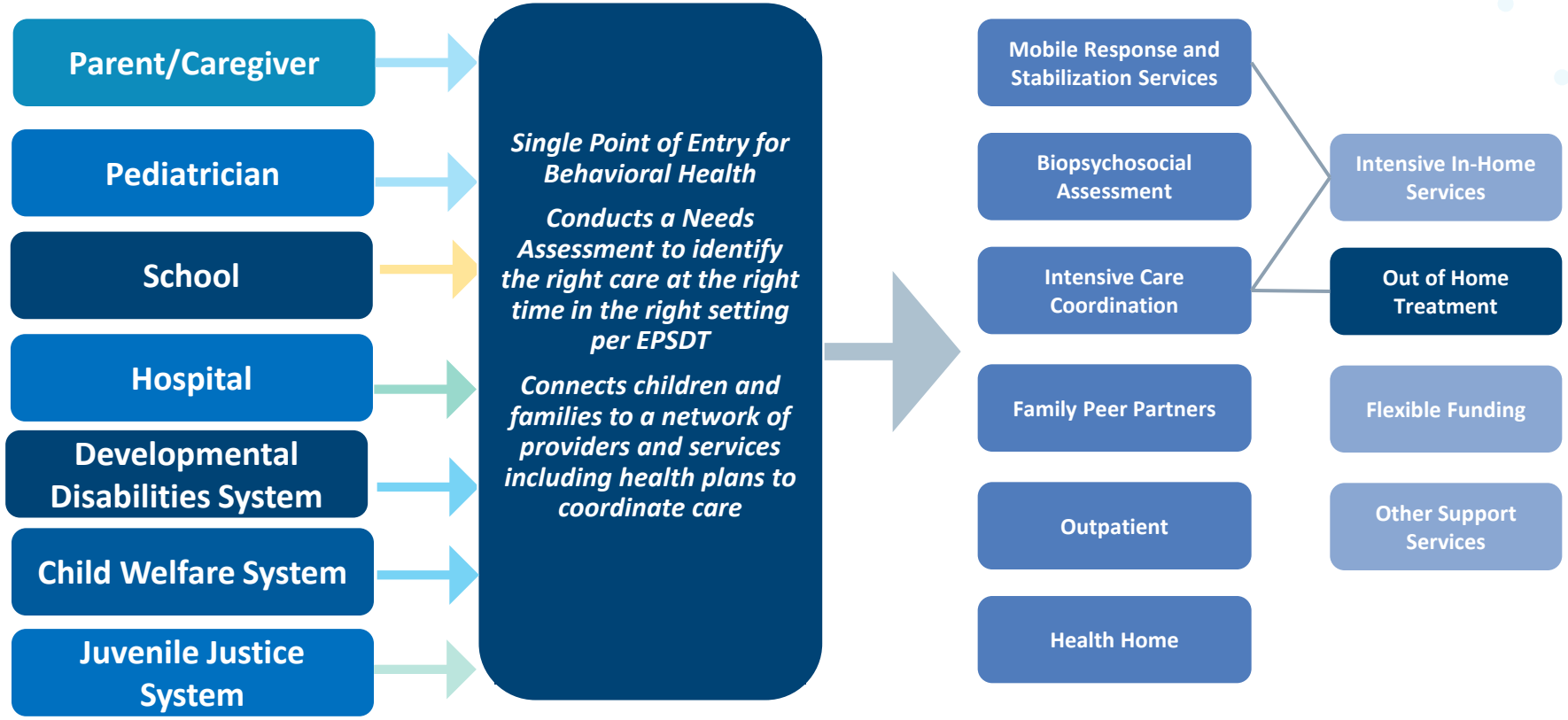
Passage of youth and family through a comprehensive behavioral health system



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System of Care Approach

- Since the 1960s, repeated calls for reform in children's mental health have highlighted persistent issues: too few children receiving care, overly restrictive treatment settings, limited-service options, poor coordination across systems, lack of family involvement, and inadequate attention to cultural differences.*
- In response, the "System of Care" approach (SOC) was developed— emphasizing comprehensive, community-based, and coordinated services grounded in shared values, to address gaps in service delivery that reduce fragmentation and duplication and create shared accountability for quality and oversight of programs and services**.
- SOC is an organizing framework that ensures strategic, coordinated, and effective service delivery and is a responsive strategy to the growing public interest in diversion from deep-end systems like child welfare and juvenile justice, and for reducing health care costs- emergency department visits and inpatient treatment.
- **Core Values** - Youth and Family Driven - Community Based – Culturally and Linguistically Competent

*Stroul, Beth and Blau, Gary; The system of care handbook: Transforming Mental Health Services for Children, Youth and Families, 2008, Paul H. Brookes Publishing Co., Inc.

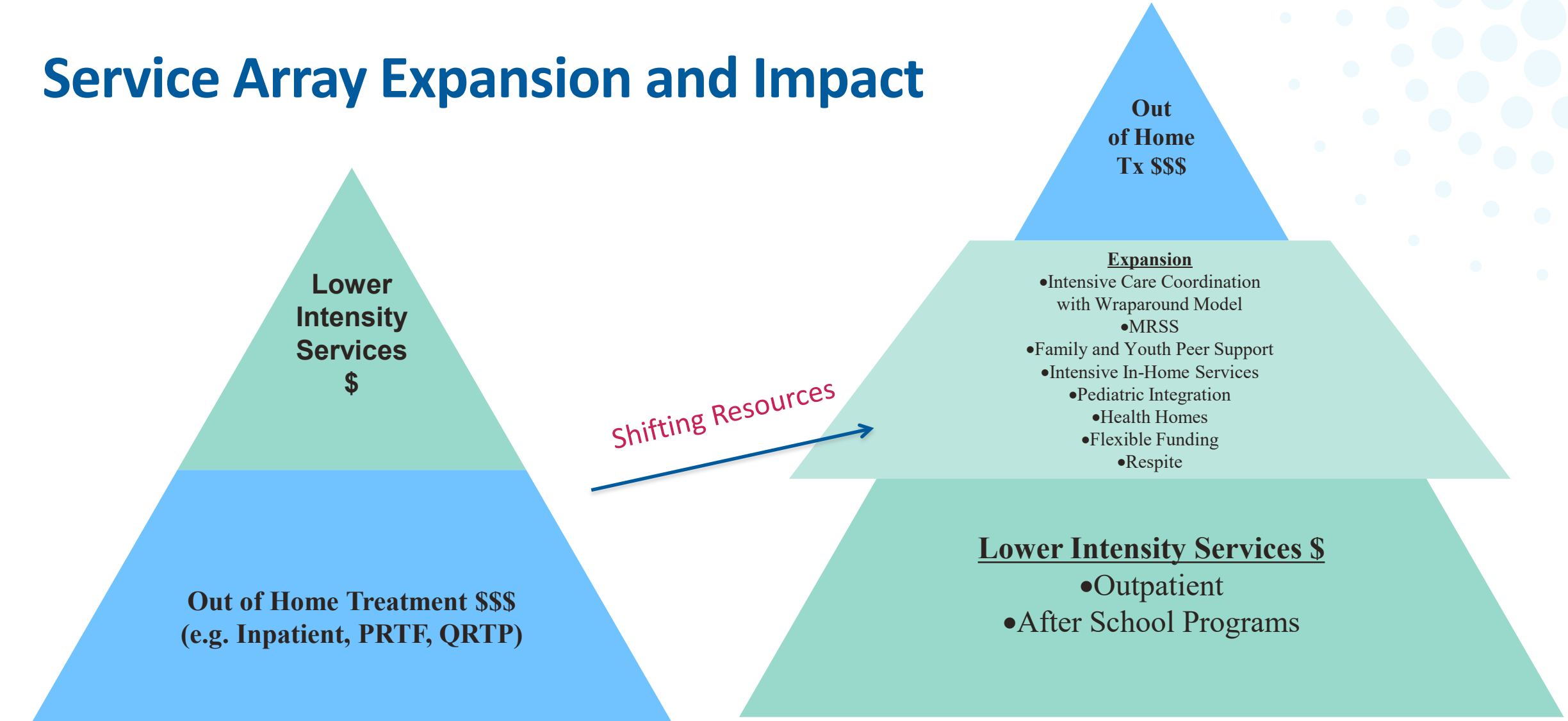
**https://www.casey.org/soc-issue-brief/

System of Care Definition

"A system of care is a comprehensive spectrum of effective services and supports for children, youth, and young adults with or at risk for mental health or other challenges and their families that is organized into a coordinated network of care, builds meaningful partnerships with families and youth, and is culturally and linguistically responsive in order to help them to thrive at home, in school, in the community, and throughout life…"

From the Evolution of the System of Care Approach

Service Array Expansion and Impact



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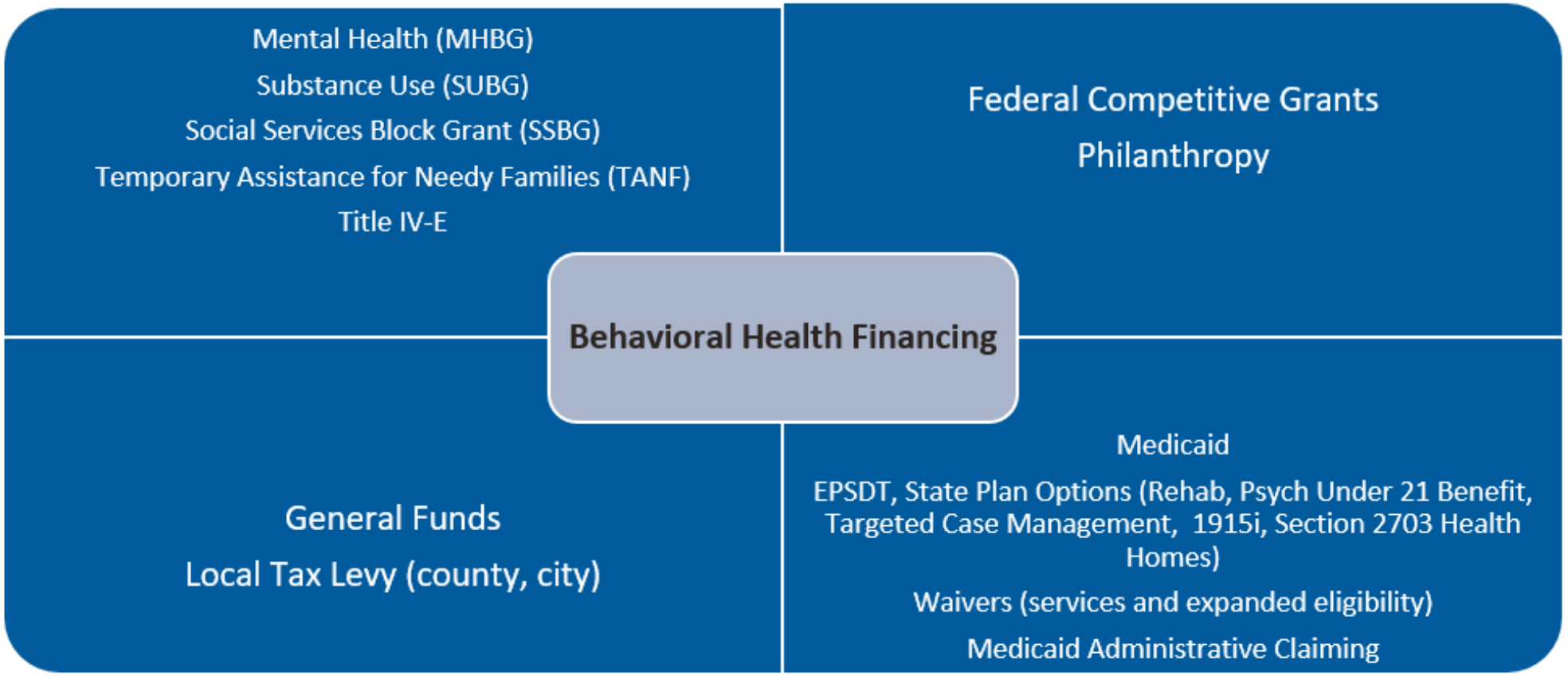
Behavioral Health Financing



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System Financing

	Child Welfare	Juvenile Justice	Developmental Disabilities	Behavioral Health
FINANCING SUPPORTS FOR SYSTEM AND SERVICES	TITLE IV-E TITLE IV-B CAPTA TANF GENERAL REVENUE MEDICAID PHILANTHROPY	GENERAL REVENUE OJJDP GRANT FUNDING MEDICAID* PHILANTHROPY	MEDICAID GENERAL REVENUE PHILANTHROPY	MEDICAID GENERAL REVENUE MENTAL HEALTH BLOCK GRANTS (MHBG) SUBSTANCE USE BLOCK GRANTS (SUBG) FEDERAL GRANTS PHILANTHROPY

Federal Policies and Guidance

- States also need to ensure **mental health parity**, in compliance with federal regulations, the Mental Health Parity and Addiction Equity Act (MHPAEA). MHPAEA requires coverage for mental health and substance use disorders to be no more restrictive — meaning it must not be more limited or harder to access — than coverage for physical health conditions.
- The System of Care approach, is a core part of SAMHSA's framing in the Children's Mental Health Initiative (CMHI) grants on improving children's behavioral health
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement is a "cornerstone of the Medicaid program" that ensures robust health coverage for eligible children under 21, to get the "right care to the right child at the right time in the right setting."
- CMS guidance highlights the fact that behavioral health diagnosis is not required to access services, allowing systems to be more preventive. Establishing a diagnosis can be too late and unnecessarily delay needed services.

EPSDT SHO: https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf

Comprehensive Behavioral Health System
- *Key Components*

- Single Point of Access for All, seamless access to care
- Standardized Screening and Assessment Tool
- Mobile Response & Stabilization Services-a best practice and service design that has an emphasis on family defined crisis, 24-7.
- Intensive Care Coordination, through Care Management Entities (CME), using a consistent practice model such as Wraparound
- Family Peer Support Partners that provide education and advocacy
- In Community Treatment and Services and Supports (service providers that meet families where they are and feel most comfortable, in their homes and communities)
- Careful Oversight of Out of Home Treatment *(OOH Treatment programs are also small home-like setting with short lengths of stay)*
- Uniform Electronic Health Record
- Strong public-private partnerships
- Community liaisons and feedback loop
- Public facing data, modeling and committing to shared responsibility, transparency, and accountability
- Robust training entity (e.g. Centers for Excellence), partnership with a university, providing consistent Training and Support for workforce

Comprehensive Behavioral Health System-Results

When there is a cohesive system that is coordinating and collaborating as described earlier, it is easy to imagine the change in trajectory of the life of the young person and their family --individually and at the systemic level:

- Overuse of residential and inpatient care is reduced
- Involvement with child welfare is no longer a threat for a family as families have increased ability and capacity to care for their young person
- A youth who does 'act out' is understood in the context of who they are and is not immediately sent to the justice system
- Attitudes and behavior at school are improved. School-disruption and truancy are essentially non-existent, academics and social interactions are improved.

The result is that youth and family are stable, functioning well, and thriving; and the public dollar is used more effectively and efficiently.

Recommendations

- Develop cross-system partnerships to improve access to behavioral health services that are outside of the child welfare or juvenile justice systems.
- Involve the experts — children/youth and families — in the system re-design and throughout their care.
- Expand the availability of home and community-based services array.
- Increase the behavioral health workforce capacity to support the unique needs of children and youth with behavioral health needs, including children with intellectual and developmental disabilities (i.e., increasing knowledge and skills of the workforce).
- Develop sustainable financing strategies to support a comprehensive behavioral health service preventing multi-system involvement as defined by child welfare and juvenile justice involvement.

Meet James

- 14 years old
- Conduct challenges at school, combative and destructive at home, ends up in situations where he could have landed in justice system
- School counselor has not been able to help; parents and counselor decided to seek outpatient mental health support.
- Local therapy provider indicates that James' level of needs was beyond their scope of expertise, and he needed more intensive services so they are unable to work with him
- Lack of services and delay in care, situation at home escalates and parent-child relationships are strained
- Ends up in county emergency department, who calls child welfare, as family is overwhelmed

Learning Lab

Think about James' story and what would might happen to him in your state system. Then identify three action steps that can taken in your state(s) to better support James and his family. We will reconvene in 10 minutes and invite participants to share what was discussed.

1. What would happen to James in your state system today?
2. How can state systems work to better support James and his family?
3. What are three action steps that can be taken in the next year to better support James and those like him?

Thank You!

References

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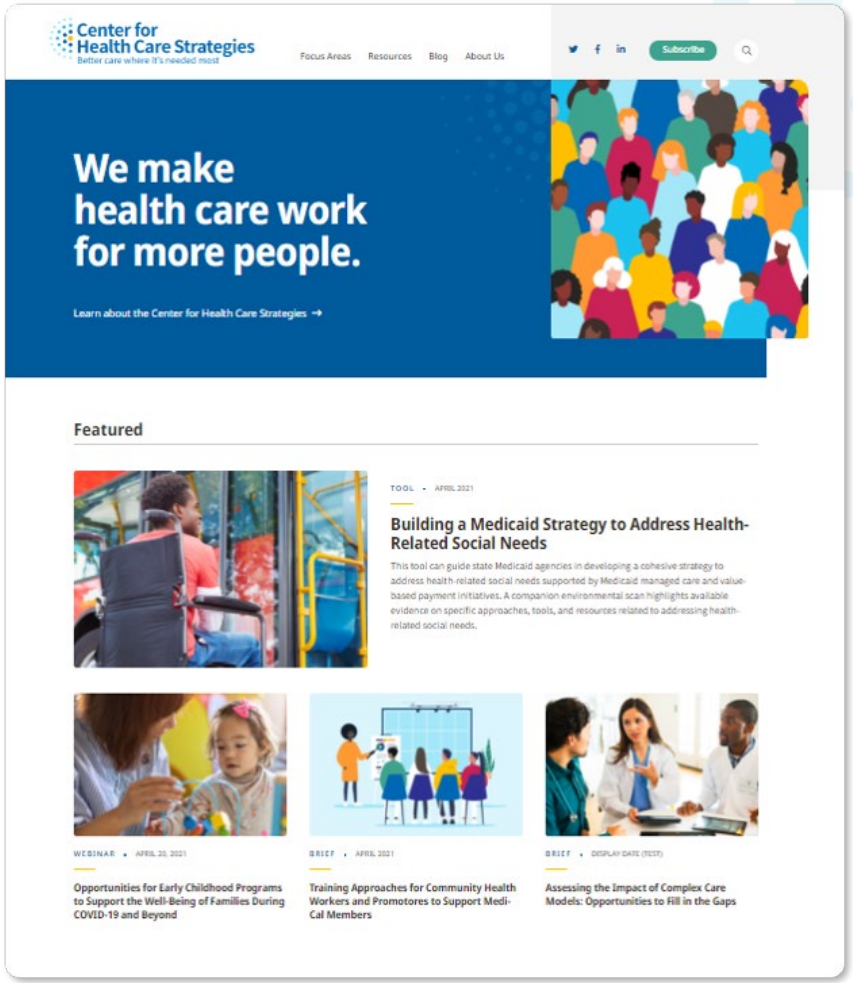

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