

CHILDREN IN FOSTER CARE

In Maryland, there are approximately 10,100 children in foster care, of which over half (approximately 6,100) are from Baltimore City. National studies suggest that between one half and three-fourths of the children entering foster care have mental health needs, a rate that is five times greater compared to community-based programs for youth who are not involved in the child welfare system.

Based on this research, it is projected that 6,565 youth in foster care throughout the state, and 3,965 youth in foster care in the City, have mental health needs, of which 2,525 youth in the state and 1,525 youth in the City have serious needs.

In 2008, Maryland was awarded a System of Care Grant from SAMHSA for \$8.5 million over the next six years. The grant will be used to address the mental health needs of children in Maryland's foster care system.

Source: (Landsverk, Burns, Strambaugh, Rolls Reutz, 2006).

HEALTH COVERAGE

Children with mental health needs who are covered by private insurance are often limited to inpatient hospitalization or outpatient therapy. In contrast, children with Medicaid have access to a broad array of services which includes in-home support, after school care, and respite care.

| Children 18 and Under by Health Coverage | 2006 | 2007 | % Change |
|--|------|--------|----------|
| Medicaid | 18% | 20% | 2% |
| Uninsured | 9% | 10.40% | 1% |
| Employer Insured | 69% | 65.40% | -4% |
| Individual Insured | 3% | 4% | 1% |

Source: Kaiser Commission on Medicaid and Uninsured 2007

The Maryland Coalition of Families for Children's Mental Health

The Maryland Coalition of Families for Children's Mental Health is a grassroots coalition of family and advocacy organizations dedicated to:

- Improving services for children with mental health needs and their families
- Building a network of information and support for families across Maryland

WE BELIEVE

- Children with mental health needs have potential and require specialized services to achieve their full potential.
- Families are the constant in a child's life and are equal partners in planning, implementation and evaluation of services for their child.
- Services should be provided for children and families from a strength-based approach and consider the whole child and entire family.
- Communities should develop a coordinated system of care that is available to all children with mental health needs and their families.

OUR COALITION

- The Coalition grew out of the joint effort and commitment of eight family and advocacy organizations: each working on behalf of children with mental health needs and their families. Incorporated in 1999 as a private not-for-profit organization, the Coalition is governed by a volunteer Board of Directors.
- Funding is provided by The Maryland Department of Health and Mental Hygiene in cooperation with Baltimore Mental Health Systems.
- The Coalition is a member of the National Alliance for the Mentally Ill and a State Chapter of the Federation of Families for Children's Mental Health.

www.mdcoalition.org

CENTRAL

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2007-2008

Children's Mental Health Matters!



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Like adults, children and adolescents can have mental health disorders that interfere with the way they think, feel, and act. When untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Untreated mental health disorders can be very costly to families, communities, and the health care system.

In this fact sheet, "Mental Health Problems" for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention-deficit/hyperactivity disorder, bipolar disorder and anxiety, conduct, and eating disorders.

Studies show that at least one in five children and adolescents have a mental health disorder. Research indicates:

- 20% of children ages 9 to 17 had a diagnosable mental or addictive disorder with minimum impairment
- 11% experienced significant functional impairment as a result of a mental health disorder
- 5% experienced extreme functional impairment

Tragically, research also shows that the majority of children with mental health disorders fail to receive any treatment at all.

Sources: President's New Freedom Commission, 2003, and Mental Health: The Surgeon General's Report, 1999

SYSTEM OF CARE

A System of Care (SOC) is "a comprehensive spectrum of mental health and other necessary services organized into a coordinated network to meet the multiple and changing needs of children and adolescents and their families".

Three fundamental values guide a System of Care. The system should be:

- Child-centered and family-focused
- Community-based
- Culturally competent

Supporting these core values are ten principles upon which a SOC is built. They emphasize that services in the system should be:

- Comprehensive, incorporating a broad array of services and supports
- Individualized

- Provided in the least restrictive, most appropriate setting
- Coordinated both at system and service levels
- Involve families and youth as partners
- Emphasize early identification and intervention.

A "System of Care" is more than a menu of services. Rather, it is focused on a population of children and families across service systems and supports. To succeed, this effort requires a team approach on every level: state, local and community. It is the System of Care philosophy or overarching structure that guides the interventions provided to families and children.

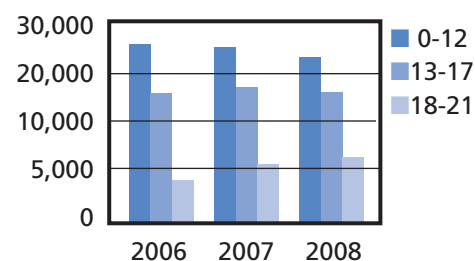
Source: Stroul, B. (1996). Children's Mental Health: Creating Systems of Care in a Changing Society. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

CHILDREN & YOUTH SERVED IN THE PUBLIC MENTAL HEALTH SYSTEM

In 2007-08, children & transition-age youth comprised over 50% of the individuals served in Maryland's public mental health system

| Ages | 2006 | 2007 | 2008 | %Change |
|-------|--------|--------|--------|---------|
| 0-12 | 26,119 | 25,442 | 25,138 | -4% |
| 13-17 | 17,217 | 17,319 | 17,019 | -1% |
| 18-21 | 4,838 | 5,226 | 5,552 | +15% |
| TOTAL | 48,174 | 47,987 | 47,709 | -1% |

Source: MAPS-MD
Based on claims data through 6/30/08



SERVICES

Children with mental health needs and their families have the best outcomes when they have access to a broad array of services and supports in their communities.

| Community-Based Services | 2006 | 2007 | 2008 | % Change |
|--|--------|--------|--------|----------|
| Outpatient | 46,344 | 45,714 | 45,804 | -1% |
| Targeted case management | 1,171 | 1,288 | 503 | -57% |
| Psychiatric rehabilitation (PRP) | 4,941 | 5,607 | 5,105 | 3% |
| Crisis, Respite and Supported Employment | 581 | 708 | 695 | 20% |

Source: MAPS-MD
Based on claims data through 6/30/08

INPATIENT HOSPITALIZATION

A total of 5,667 children and youth, ages 0-24, had an inpatient psychiatric admission in 2008. This includes children with Medicaid and children with private insurance. There was a 28% increase in admissions over a three year period.

Source: Health Services Cost Review Commission 2008

CRISIS AND SUICIDE

In 2007, 14.5% of U.S. high school students reported that they had seriously considered attempting suicide during the 12 months preceding the survey. 7% of students reported that they had actually attempted suicide one or more times during the same period.

From 1990-2006, there were 1,219 documented suicide deaths completed by Maryland youth aged 10-24. The number of deaths per year ranged from 63 (1996, 2001) to 84 (2003).

In 2008, Maryland was awarded a \$1.5 million SAMHSA grant on youth suicide prevention. Through a partnership with the Maryland State Department of Education and Johns Hopkins University, the grant will focus on prevention efforts and a curriculum for schools and colleges.

Percent Suicide by Age/Sex and Race

| | |
|-------|-----|
| 10-14 | 6% |
| 15-19 | 32% |
| 20-24 | 62% |

| | |
|--------|-----|
| Male | 86% |
| Female | 14% |

| | |
|-----------|-----|
| White | 70% |
| Non-white | 30% |

Maryland operates a Youth Crisis Hotline that is linked to a network of hotlines throughout the state. Approximately 10,000 calls are made each year to the statewide Youth Crisis Hotline.

Youth Crisis Hotline 1.800.422.0009 (24/7)

Thirteen jurisdictions have Mobile Crisis Teams that go to the child or family's home.

MOBILE CRISIS TEAMS

| MOBILE CRISIS TEAMS | PHONE |
|---|--------------|
| Anne Arundel County Crisis | 410.768.5522 |
| Baltimore Crisis Response, Inc. (Baltimore City): | 410.433.5175 |
| Baltimore Child And Adolescents Response System (Baltimore City): | 410.433.5175 |
| Baltimore County Crisis Team: | 410.931.2214 |
| Carroll County (Maryland Crisis Hotline): | 800.422.0009 |
| Frederick County: | 301.662.2255 |
| Harford County Crisis Team: | 410.638.5248 |
| Howard County Crisis Team: | 410.531.6677 |
| Montgomery County Crisis System: | 240.777.4000 |
| Prince George's County Crisis Response System: | 301.927.4500 |
| Saint Mary's County: | 301.863.6661 |
| Worcester County: | Call 911 |

SPECIAL EDUCATION

Children who come to school with significant mental health needs may be so distracted by these issues that they cannot participate in regular activities without assistance. Without specialized help to manage their behaviors or emotions, many children are unable to benefit from their educational programs. Students with emotional disturbance comprise 7% of all students with a disability in special education.

| Students with Emotional Disturbance | 2006 | 2007 | 2008 |
|-------------------------------------|-------|-------|-------|
| Number of students | 9,314 | 8,848 | 8,369 |
| Graduation rate | 46% | 49% | 50% |

Source: Maryland State Department of Education