

**Community Collaboration Improves Access to
Appropriate Services for Youths with
Mental and Behavioral Conditions**



Summary

Children are not the first demographic many think of when considering the impact of mental illness. While nearly 20 percent of adults will experience some form of mental illness during their lifetime, 21.4 percent of teens aged 13-18¹ currently experience symptoms associated with some form of mental illness. This is particularly concerning as half of all lifetime cases of mental illness begin by age 14.² Early treatment is crucial to ensure that a child's brain does not consistently use disordered thinking, which increases the likelihood that the illness will become more difficult to treat, or become a life-long struggle.³ Yet, only 50 percent of youth with mental illness report receiving treatment during the last year.⁴

Alarming, 65-70 percent of the youth that encounter the criminal justice system have some form of mental illness.⁵ For many of these children, that contact will be their first chance for intervention.⁶ Treating youth with mental illness in crisis settings, such as in the emergency room or youth detention facilities, costs the economy \$247 billion each year and is the costliest condition to treat in youth.⁷

Seeing an opportunity to intervene with a high-risk population, Bexar County, Texas (which includes the city of San Antonio) created a complimentary set of programs to work across county services to address the mental health needs of youth in contact with the criminal justice system. The programs, collectively called the Bexar County Jail

¹ [http://www.jaacap.com/article/S0890-8567\(10\)00476-4/abstract](http://www.jaacap.com/article/S0890-8567(10)00476-4/abstract)

² <https://www.ncbi.nlm.nih.gov/pubmed/15939839>

³ https://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/nimh-treatment-children-mental-illness-faq_34669.pdf

⁴ <https://www.nimh.nih.gov/health/statistics/prevalence/use-of-mental-health-services-and-treatment-among-children.shtml>

⁵ http://www.ncmhjj.com/wp-content/uploads/2013/07/2007_Blueprint-for-Change-Full-Report.pdf

⁶ *ibid*, NCMHJJ

⁷ <https://www.nimh.nih.gov/health/statistics/prevalence/use-of-mental-health-services-and-treatment-among-children.shtml>

Diversion Programs (BCJDP), are designed to support youth and their families, as well as provide treatment to prevent recidivism or future contact with the criminal justice system. The program requires police, health care providers, and community stakeholders to work together, and has been met with significant success. During an eight-year period, BCJDP prevented over 100,000 youth visits to the emergency room, or to jail, for mental health-related issues and has saved the county more than \$100 million.

Context

Many Americans with mental and behavioral health conditions are not receiving the care they need, with an estimated 11.8 million reporting they had an unmet need for additional mental health services in 2015.⁸ Nearly 20 percent of U.S. adults experienced mental illness over the past year [according to data](#) from the Substance Abuse and Mental Health Services Administration. The burden of having a mental illness or behavioral conditions also impacts the physical health of a person. Individuals living with serious mental illness face an increased risk of acquiring chronic medical conditions, as well as facing added risk of dying nearly 25 years earlier than if they did not have a serious mental health illness.⁹

Alarming, there are a disproportionate number of children with serious mental and behavioral illnesses in the juvenile justice system. For children aged 8-15, 21.4 percent experience a severe mental disorder at some point during their lifetime.¹⁰ Mental disorders among children are an important public health issue because of their prevalence, early onset, and impact on the child, family, and community. In 2006, mental disorders were among the costliest conditions to treat in children.¹¹ Unfortunately, 75-80 percent of

⁸ More Americans continue to receive mental health services, but substance use treatment levels remain low. Substance Abuse and Mental Health Service Administration. September 2015. Accessed January 10, 2016. <https://www.samhsa.gov/newsroom/press-announcements/201509170900>

⁹ Mental Health By the Numbers: Consequences of Lack of Treatment. National Alliance on Mental Illness. Accessed January 10, 2017. <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

¹⁰ Mental Health By the Numbers: Prevalence of Mental Illness. National Alliance on Mental Illness. Accessed January 10, 2017. <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

¹¹ Costly Mental Disorders Affect Millions of US Children and Teens. JAMA. July 2013. Accessed January 10, 2017. <http://jamanetwork.com/journals/jama/fullarticle/1707733>

children and youth with mental health diagnoses report they do not receive appropriate services.¹²

65 to 70 percent of youth in contact with the juvenile justice system have a diagnosable mental health condition, and youth in the juvenile justice system experience mental health diagnoses at a rate more than three times higher than that of the general youth population.¹³ In the United States, the cost (including health care, use of services such as special education and juvenile justice, and decreased productivity) of mental illness among those less than 24 years of age is roughly \$247 billion.¹⁴ Youths in the child welfare and juvenile justice systems who do seek services are more likely to rely on restrictive or costly services such as juvenile detention and emergency rooms.

Viewing the opportunity to create a new intervention for children who have mental or behavioral health needs as an important strategy to prevent or mitigate future criminal justice system use, Bexar County, Texas created a set of complementary initiatives designed to provide youth populations with mental health services, and their families with the supports needed to address these needs. These initiatives reflect and build upon Bexar County's longstanding commitment to addressing mental illness in their community, which dates to 2004 when Bexar County established the Bexar County Jail Diversion Program (BCJDP) as a means to support those with mental and behavioral health needs. The BCJDP consists of 40-60 various

¹² Stagman, S. & Cooper, J. Children's Mental Health. National Center for Children in Poverty. April 2010. Accessed January 10, 2017.

http://www.nccp.org/publications/pub_929.html

¹³ Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System. National Center for Mental Health and Juvenile Justice. Accessed January 10, 2017. <http://www.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

¹⁴ Mental Health Surveillance Among Children — United States, 2005–2011. Morbidity and Mortality Weekly Report (MMWR). Centers for Disease Control and Prevention. May 2013. Accessed January 10, 2017. <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm>

Description

stakeholders, including public health, EMS, hospital, and business representatives, and has overseen efforts to improve the lives of those with mental and behavioral needs, as well as the financial stability of the justice system, hospitals, and local businesses. These adult-focused efforts have resulted in the successful diversion of over 100,000 people from jails and emergency rooms, and cost savings of nearly \$100 million over an eight-year period, and served as the foundation for developing parallel initiatives focused on youth populations and their families.¹⁵

Realizing the gap in care within their welfare and juvenile systems, the county built on its previous successes with the BCJDP and expanded its services to address mental and behavioral health care among their youth populations. The county established a comprehensive set of initiatives aimed at increasing access to appropriate mental and behavioral health services.

Training of officers and administrators. Modeled from the traditional Crisis Intervention Training (CIT) offered to police officers as part of BCJDP,¹⁶ which provides multidisciplinary training for communities to enhance communication, awareness of resources, and overall response to families in crisis, Bexar County looked to create a child-focused initiative. Launched in 2009, the Children’s Crisis Intervention Training

¹⁵ Helman, S. The San Antonio Way. The Boston Globe. December 10, 2016. Accessed January 10, 2017. <https://www.bostonglobe.com/metro/2016/12/10/the-san-antonio-way-how-one-texas-city-took-mental-health-community-and-became-national-model/08HLKSq1JdXSTZppaEck2K/story.html>

¹⁶ What is CIT. National Alliance on Mental Illness. Accessed January 10, 2017. <http://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT>

(CCIT) program is also offered to police officers as part of the BCJDP,¹⁷ focusing on training school campus officers and school resource officers (SROs) to respond to children and youth in psychiatric crises and divert them to mental health treatment and services. CCIT is designed to improve crisis intervention responses with youth and in schools through de-escalation and problem solving techniques, and methods for connecting to child and adolescent resources. This provider-driven, community-based program expands the traditional CIT training and involves various community organizations, youth, and families in program implementation and developing community partnerships for sustainability.

Early identification of children with behavioral health needs.

Utilizing funds from a state legislative grant, the county operates Bexar CARES, a program that proactively screens children for behavioral health issues using a Pediatric Symptom Checklist (PSC). There are multiple intercept points in which children are screened throughout the child welfare and public school systems. Additionally, children ages 3-5 who participate in the City of San Antonio's Head Start program are screened. If the screening indicates a need for an intervention, the family, upon consent, is referred for further evaluation and a more comprehensive mental health assessment that is completed along with wraparound service planning where an individualized service plan is developed with the child and family. This plan is developed to facilitate cross-system coordination and expedite interventions, while data is shared through an electronic data

¹⁷ What is CIT. National Alliance on Mental Illness. Accessed January 10, 2017. <http://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT>

software system, Efforts to Outcome (ETO).

Crisis-Respite Residential Center (CRRC). The Center for Health Care Services used Medicaid 1115 waiver funding to institute a Crisis-Respite Residential Center (CRRC) for children, a dedicated center for children ages 5 to 17. The goal of the CRRC is to aid families in their moments of need and connect them to appropriate resources and services. The CRRC aims to redirect children from juvenile detention centers as well as reduce emergency room visits and unnecessary hospitalizations. The 16-bed center helps to stabilize children experiencing a mental or behavioral episode, educate children with crisis interventions skills, and serve as a planned respite for children and families to prevent crisis episodes. Staffed by qualified mental health professionals and licensed clinicians, the CRRC typically has a 1-to-4 staff-to-child ratio to provide targeted services to children, including individualized therapy, psychiatric rehabilitation, emotional regulation and social skill education, behavior modification, and trauma assessments.

Additionally, the CRRC provides shelter to children, monitoring them throughout the night, feeding them, providing recreation and exercise, and transporting them to their home school to prevent a disruption in their educational setting when staying in the CRRC. The CRRC is open to all Bexar County children, ages 5-17, with a mental health diagnosis, and their siblings. Admissions are provided to children residing with their biological families or in foster care, regardless of insured status. Parents, mental health professionals, police, physicians, youth workers and schools can refer a child to the CRRC. Typical situations for admission of a child through the CRRC is a diagnosed child needing relief from a family situation, facing school suspension when the family

Impact

is unavailable to supervise, another temporary care situation, when stabilizing from a crisis episode not requiring hospitalization, or stepping down from a psychiatric-care hospitalization.

Overall, the community collaboration at BCJDP has been successful, increasing access to care for youth with mental and behavioral illnesses and recognized for its collaborative action, access improvements, and accountability and sustainability.¹⁸

Bexar CARES. The program has fostered collaboration among police, health care providers and community stakeholders including schools, child welfare, and juvenile justice, and has been met with significant success. Over 2,000 children and adolescents have participated in a Bexar CARES (Coordinated Access to Resources Equals Success) initiative, and the return on investment has been estimated to be \$6,000-\$8,000 per participating family.¹⁹ Since 2011, 930 families have been served and more than 2,160 children and have participated in an initial screening for behavioral health issues. (CARES).²⁰ Using the Pediatric Symptom Checklist (PSC) for these screenings, 1,420 had an elevated PSC score of 23 or higher – indicating a need for further evaluation.²¹ 741 of those indicated were then enrolled into Bexar CARES to receive those evaluations for mental health and behavioral health challenges.²¹ Within six months of participating in Bexar CARES, there is a clinical improvement in children from 45 percent to 60

¹⁸ Bexar CARES. Accessed January 19, 2017. <https://bexarcare.org/about-us/>.

¹⁹ Bexar CARES. Accessed January 19, 2017. <https://bexarcare.org/about-us/>.

²⁰ Bexar CARES, CARES Report on Senate Bill 294. Shared via email December 2016.

²¹ Ibid.

Lessons Learned

percent as reported on the Child and Adolescent Needs and Strengths Assessment (CANS).²²

Crisis-Respite Residential Center (CRRC). Within the last fiscal year, the CRRC crisis center has served 157 individuals (unduplicated cases). 139 of the children (88.5 percent) were identified as having Medicaid or considered low-income or uninsured and 18 of the children (11.5 percent) were identified as crises diversion admissions. These children and adolescents have received a total of 1,748 days of service, and 65 children (41 percent) have had repeated admissions.²³

A few lessons learned highlight the conditions for BCJDP's success.

Multi-stakeholder partnerships. Most of the BCJDP success has been based on its ability to engage multiple partners within the community and promote intensive coordination. To facilitate community collaboration, provide a format for regular multi-stakeholder meetings where organizations can discuss pain points, develop shared solutions to challenges, share data, and build a system of trust.

System capacity. Keeping pace with the volume of referrals to the Bexar CARES project, is a challenge. Initially, the model involved immediate assignment to an experienced family partner to help the family navigate but it was difficult to recruit family partners to keep pace with the project model. Data has shown that the system is only addressing 15.4 percent of the total community served through Bexar CARES.²⁴ Bexar County and San Antonio are exploring other funding avenues to continue providing services.

²² Bexar CARES, CBH Division. 115 Waiver Projects October 2016. Shared via email December 2016

²³ Ibid.

²⁴ Report on Senate Bill 294 Behavioral Health Pilot for Bexar County. The Center for Health Care Services. December 2016.