

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.

We Offer

- Referrals to local family organizations
- Technical assistance to communities who want to start a family group
- Information on state and national resources for families and professionals
- Updates on current mental health issues affecting children

Visit our website to learn about Coalition initiatives and browse our online directory or resources.

www.mdcoalition.org

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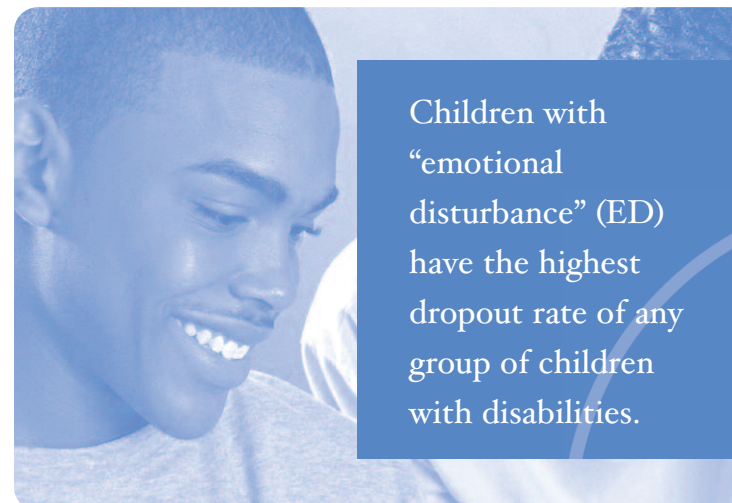
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2006-2007

Children's Mental Health Matters!



Children’s Mental Health Matters!

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, bipolar disorder, anxiety, conduct and eating disorders.

CHILDREN IN FOSTER CARE WITH MENTAL HEALTH NEEDS

This year’s **Children’s Mental Health Matters!** Fact Sheet focuses on children in foster care with mental health needs. In Maryland, there are approximately **10,200** children in foster care. Last year, the Public Mental Health System served over 40% of these children.

Children who enter foster care are at high risk for developing serious emotional problems. Oftentimes they have experienced severe and chronic stressors, such as abuse and neglect, domestic violence, parental substance abuse, poverty, and community violence. Recent research indicates that between one-half and three-fourths of children in foster care have mental health needs, and one-quarter have significant mental health needs. Children in foster care are five times more likely to have a serious emotional disturbance than youth in the general population.

The Maryland Public Mental Health System served over 40% of the children in foster care in 2007.

50%-75% of children in foster care have mental health needs.

With so many children in foster care in need of mental health services, every effort should be made to provide them with effective treatments. It is crucial to the well-being of these children that they be regularly assessed for mental health needs and be provided with treatments that are consistent with “best practices.” Recently, Maryland has begun implementing the use of evidence-based practices that have been shown to be effective in helping children in the child welfare system, including Multi-Systemic Therapy and Functional Family Therapy. In 2007, over 400 children were served with these treatments.

Without appropriate assessment and treatment of mental health problems while in foster care, children are at a great disadvantage to successfully navigate the transition to adulthood. The transition to independent living is difficult for all youth but for youth with untreated mental health needs, it is especially perilous. In 2007, the Maryland Children’s Cabinet launched the “Youth Ready by 21” action initiative to improve the lives of all transition-age youth in Maryland. The five-year action plan developed through this initiative stresses the critical need to improve necessary services and supports for children in foster care.

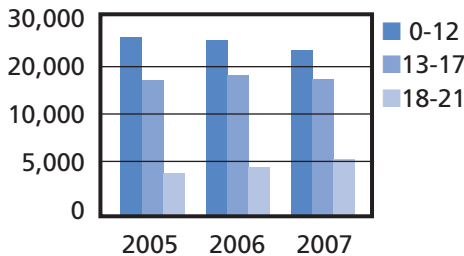
Source: The Annie E. Casey Foundation, “Best Practices for Mental Health and Child Welfare,” 2007. Mental Hygiene Administration, 2007

2006–2007 DATA ON CHILDREN’S MENTAL HEALTH

CHILDREN AND TRANSITION-AGE YOUTH SERVED IN THE PUBLIC MENTAL HEALTH SYSTEM

Ages	2005	2006	2007	% Change Over 3 Years
0-12	26,897	26,124	24,961	-8%
13-17	17,211	17,238	17,235	0%
18-21	4,806	4,855	5,186	7%
Total	48,914	48,217	47,382	-3%

Source: Mental Hygiene Administration, 2007



MENTAL HEALTH SERVICES

Maryland is building a System of Care for Children and has funded three Wraparound Pilot sites in the state (with more sites being developed) to provide a community-based approach to care, thereby reducing the use of out-of-home placements. At the same time, Maryland is striving to improve treatment outcomes by implementing the use of evidence-based practices. It has been shown that as community-based treatments expand and improve, the use of hospital beds and residential treatments centers declines.

Total Number of Students identified as emotionally disturbed (ED)	9,314
Transition-age youth ages 14-21 identified as ED	2,129

Source: Mental Hygiene Administration, 2007

SUICIDE

In 2005, 16.9% of U.S. high school students reported that they had seriously considered attempting suicide during the 12 months preceding the survey. More than 8% of students reported that they had actually attempted suicide one or more times during the same period.

Both nationally and in Maryland, suicide is the third leading cause of death among 10-24 year olds, accounting for between 12%-13% of all deaths annually.

Maryland, 10-24 year olds

CAUSE OF DEATH	2002-2004 AVERAGE
Homicide	32%
Motor Vehicle	28%
Suicide	12%

In 2006, 82 youth ages 10-24 killed themselves in Maryland.

Sources: Centers for Disease Control. Dr. Mary Cwik, Johns Hopkins School of Medicine, 2007

The transition to independent living is especially perilous for youth with untreated mental health needs.

SPECIAL EDUCATION

Children who come to school with significant emotional problems may be so distracted by mental health issues that they can not participate in regular activities without assistance. Without specialized help to manage their behaviors or emotions, many children drop out. Children with “emotional disturbance” have the highest dropout rate of any group of children with disabilities. Over one-half of children in the U.S. who fail to graduate have a diagnosable psychiatric disorder.

Number of students in Maryland identified as Emotionally Disturbed (ED)

2003	2004	2005	2006	% change 2003-06
9,727	9,775	9,314	8,984	-8.3%

In Maryland, the percentage of students coded Emotionally Disturbed (ED) who fail to graduate has been increasing since 2003.

Percentage of children with Emotional Disturbance who dropped out of school:

2002-03	2003-04	2004-05	2005-06	% change 2003-06
43.2%	45.1%	45.9%	49.3%	+6.1%

Sources: Maryland State Department of Education and U.S. Census Bureau, 2007

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 may include in-home support, after school care and respite care.

Children 18 and under by health coverage

Private Insurance	70%
Medicaid	21%
Uninsured	9%
	100%

Source: Kaiser Commission on Medicaid and the Uninsured, 2006

It is crucial to the well-being of the children in foster care that they be regularly assessed and treated for mental health issues.