Developing Local Infrastructure to Support Access to Effective Youth Mental Health Services

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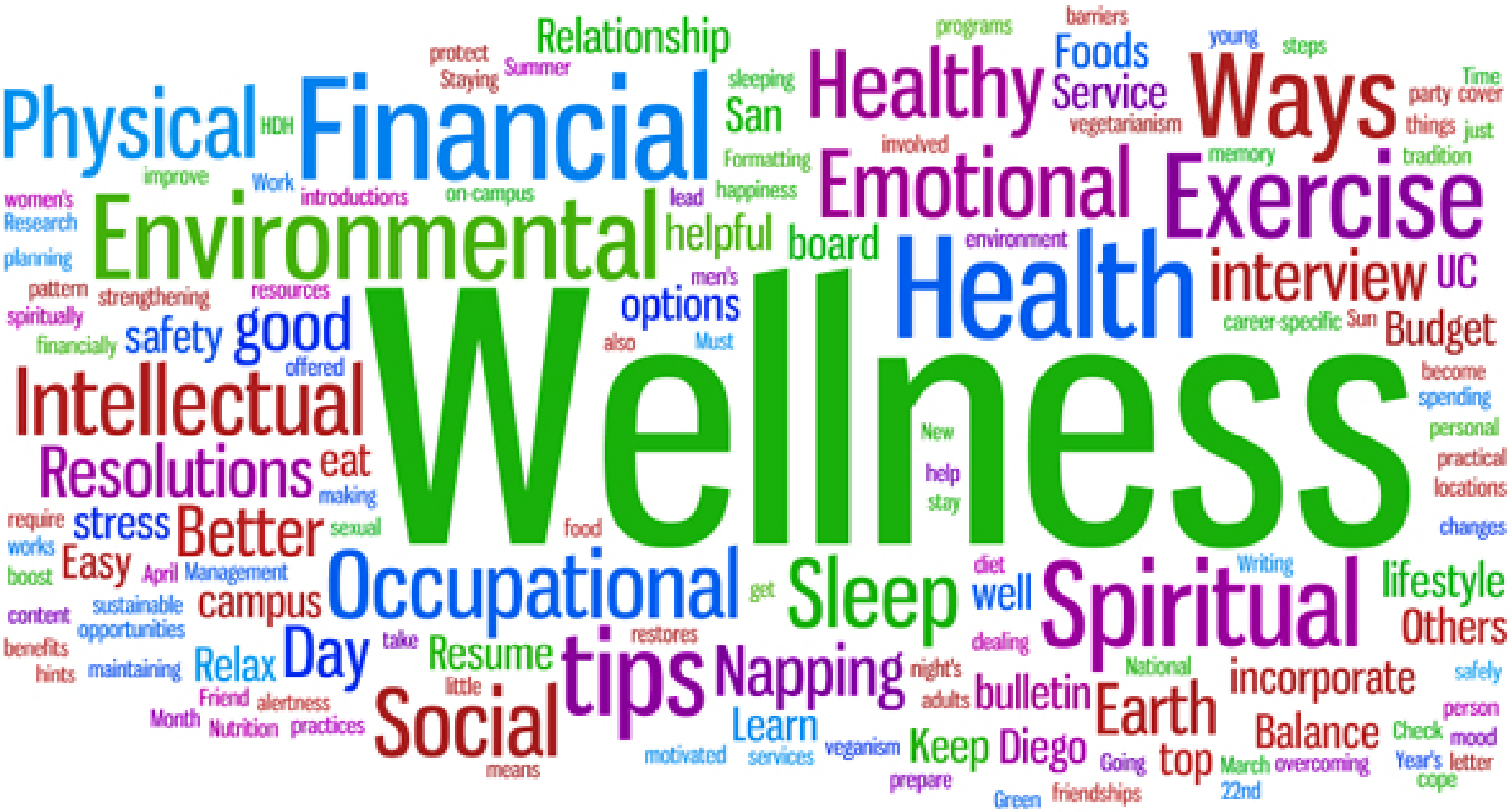
Indiana Strengthening Our Communities (IN-SOC)…
Supporting Our Youth In Their Communities

“Mental Health is fundamental to health and human functioning”



(Surgeon General’s Report on Mental Health, 2000)

- Improve public awareness of effective treatment
- Ensure the supply of mental health services and providers
- Ensure delivery of state of the art treatment
- Tailor treatment to age, gender, race and culture
- Facilitate entry into treatment
- Reduce financial barriers

(Surgeon General's Report on Mental Health, 2000)

Childhood Mental Illness Is Common

"**49.5%**of American youth will have had a diagnosable behavioral health problem at some point before they are 18, based on diagnostic interviews done by professionals with a sample of young people ages 13-18"

"**22.2%**of American youth will have a diagnosable mental illness with "serious impairment" at some point before they are 18 (exclusive of substance use problems)

(Child Mind Institute,2015; Merikangas et al. 2010)

How many kids are we talking about?

- 74.5 million children under 18 in the US.

Of these we estimate that: 17.1 million young people have or have had a diagnosable psychiatric disorder.

Across **Indiana, 24.1% of the population is <18** (compared with 23.3% in US) = **1,589,842 Youth** (2014 est.)

Of Indiana youth, **ages 13-18, 49.5%** will have been or will be diagnosed with behavioral health diagnosis before age 18 (**27.6% with severe impairment**).

Of these, about **22.2% (352,944)** will experience a mental health problem before age 18 (exclusive of substance use disorders).

(Merikangas et al. 2010; US Census, 2015)

Significance: IMPACT

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24
- 50% of students, 14 and older, with mental health problems drop out of high school
- 70% of youth in juvenile justice system have mental health problems

(NAMI, 2015)

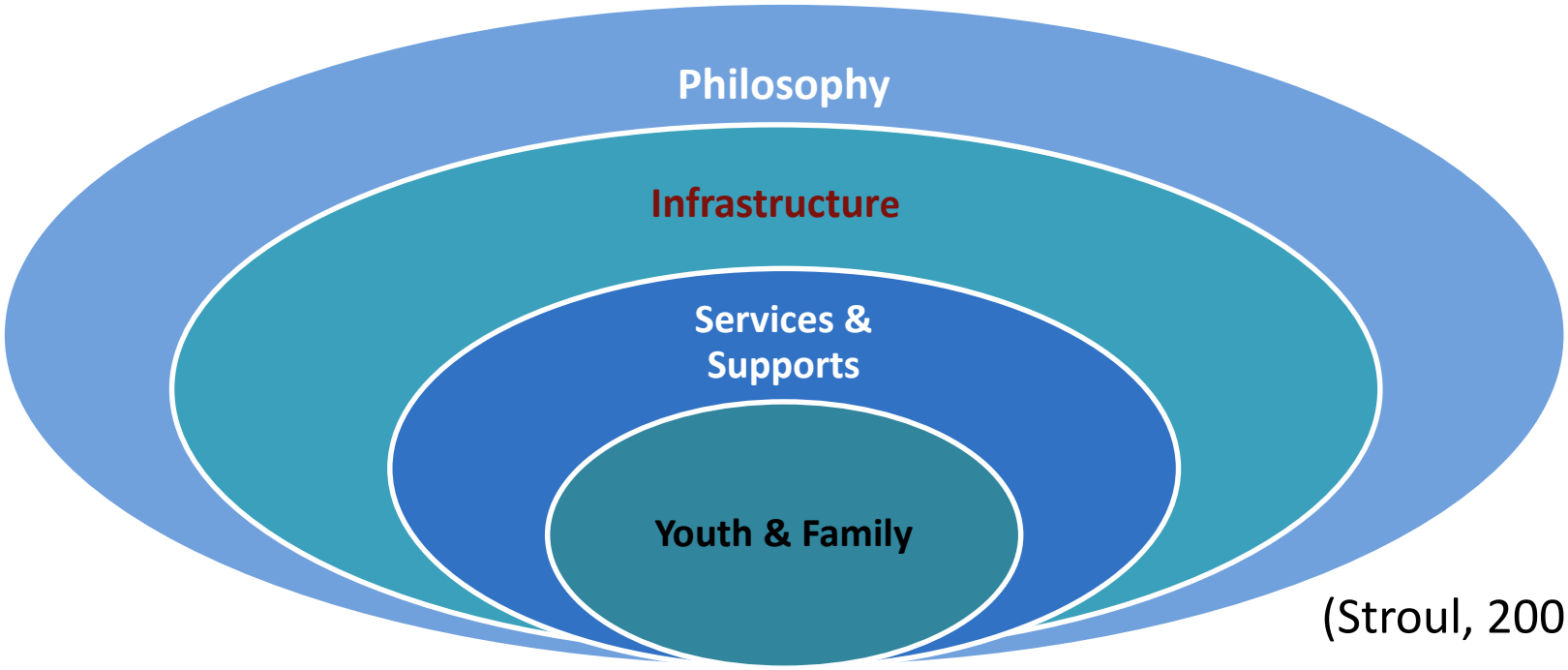
UNDER SERVED: In any given year only 20% of children and youth with mental health needs are identified and treated.

10 YEARS: Average lag time between onset of symptoms and beginning of treatment

SUICIDE is the 3rd leading cause of death in youth, ages 10 to 24

Strategy: System of Care

'A system of care incorporates a broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels.' *(Pires, 2002; Stroul, Blau, & Jordon,2012)*



(Stroul, 2002)

Service System Silos

(Pires, 2002)

SAMHSA SOC Implementation Grant

In October 2014 Indiana received a federal System of Care Implementation SAMHSA grant

- Develop state and local collaborative infrastructure statewide
- Families and youth as partners
- 2014 Survey to determine current level of SOC development across the state
- Strategic Plan

IN-SOC: Elevator Speech

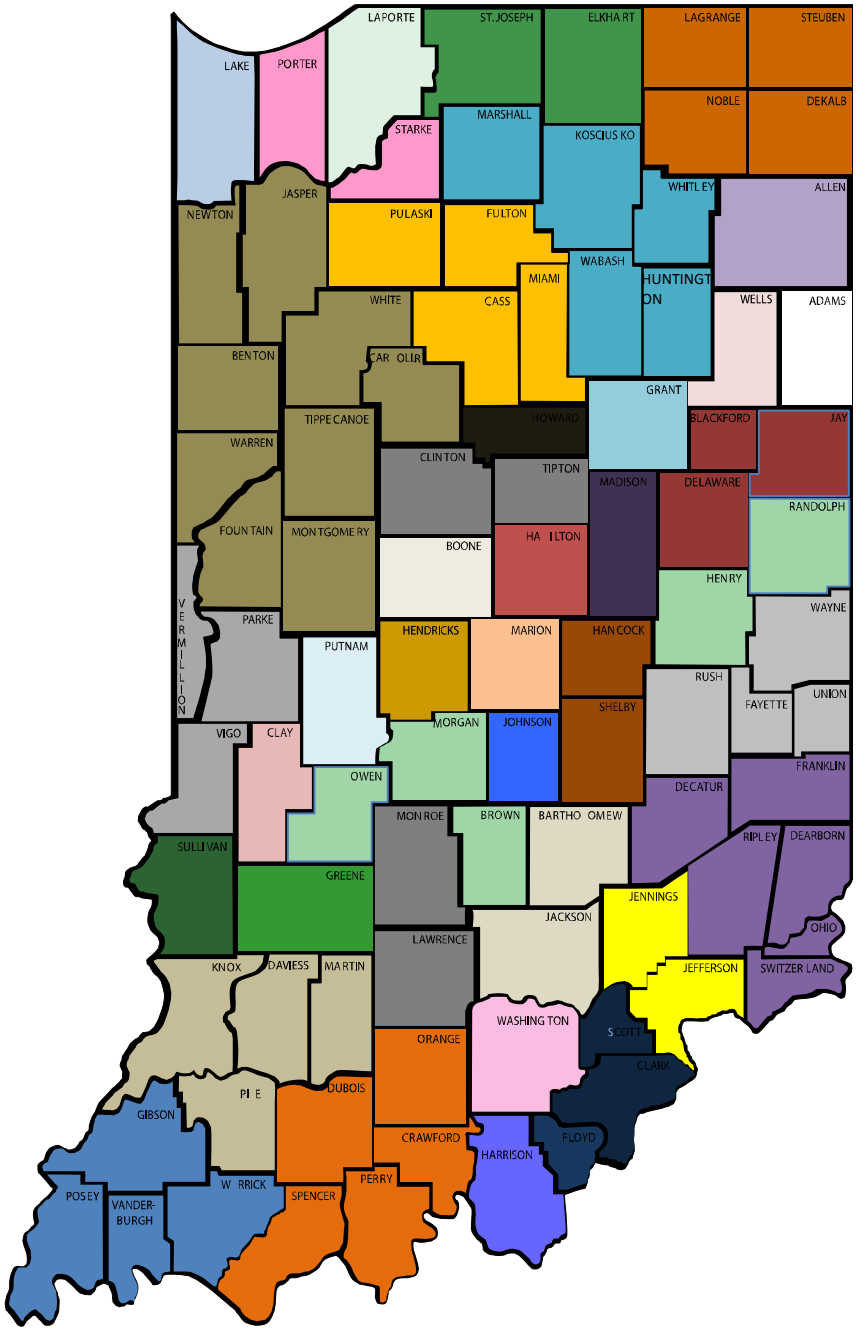
Indiana's System of Care is achieved when **youth, families, child serving agencies and other community supports band together around a shared vision** of accountability and wellness to promote positive mental and physical health for every child, youth, young adult and their families.

Communities provide **access to care that is unbiased to race, ethnicity, sexual orientation, economic status, geography or cultural and spiritual beliefs**.

Child-serving agencies view their work with youth and families **as one part in a holistic array of services and supports needed to achieve wellness** and improve quality of life.

All agencies are committed **to providing timely, responsive, evidenced-based, disparity-free and trauma-informed care** in a respectful and supportive way that puts youth and family in the driver's seat in all treatment and care decisions.

Indiana's System of Care will ensure that all young people, surrounded by supportive adults, achieve wellness, engage in their community and together promote wellness for generations to come.



- Support state and local SOC development
  - State Child Mental Health Governance Board (CMHG)
  - **Local/Regional Systems of Care**
- SOC Strategic Implementation Plan
- Sustainability Plan for Intensive Community Based Services
- Braided Funding (Medicaid: 1915c waiver, MFP, 1915i; State: DMHA & Child Welfare)
- Certify Wraparound Facilitators

System of Care Outcomes

SOC outcomes realized include ***decreased***:

- Behavioral and emotional problems
- Suicide rates
- Substance use
- Juvenile justice involvement

Additionally, outcomes include ***increased***:

- Strengths
- School attendance & grades
- Stability of living situation

(Stroul, Pires, Boyce, Krivelyova, & Walrath, 2014)

ROI for System of Care

National studies to determine SOC Return on Investment revealed the following outcomes as a result of implementing System of care (*Study included 2 multi-site analysis, three states, and three communities*):

42% decrease in use of inpatient psychiatric and residential treatment.

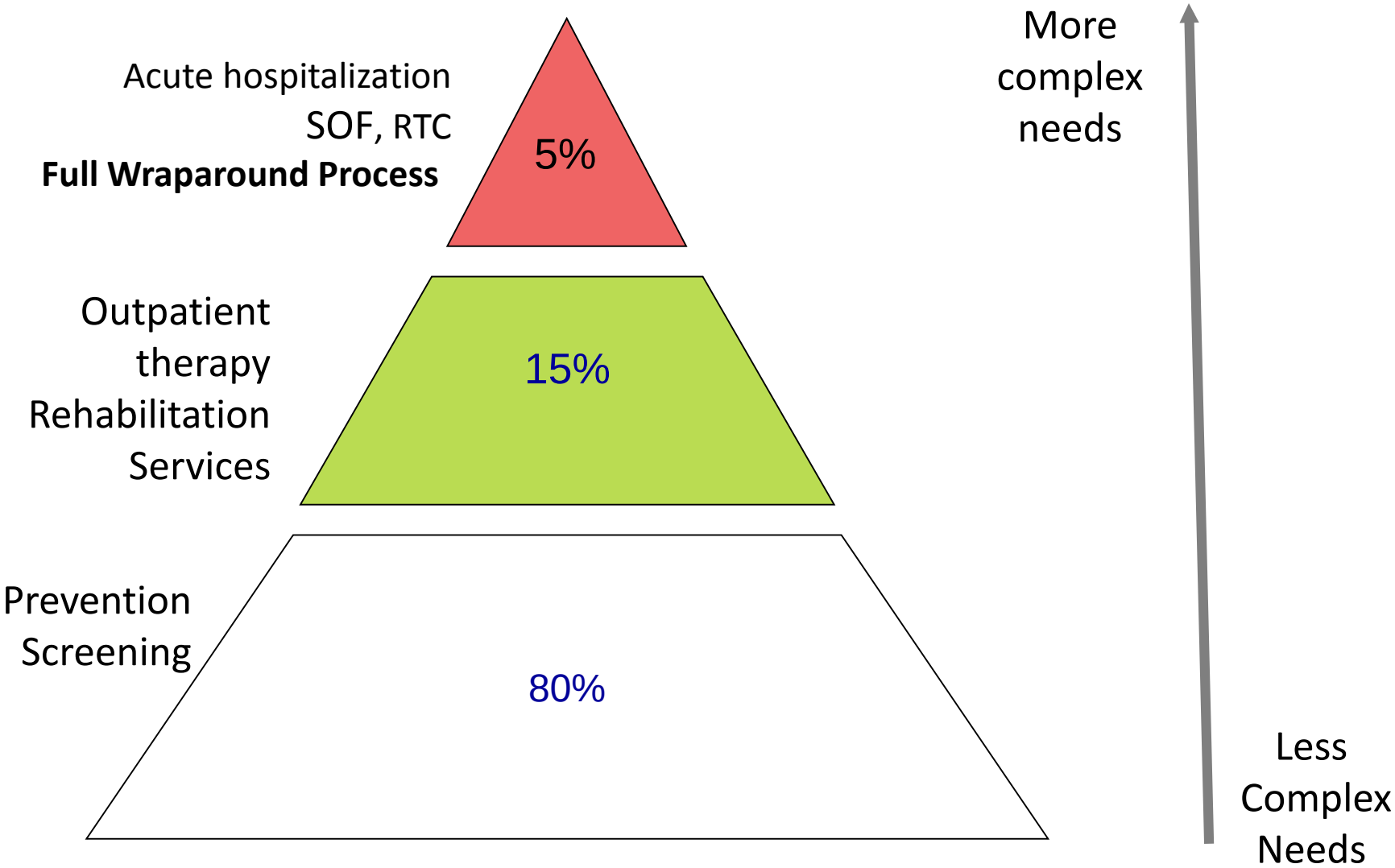
38% decrease in use of juvenile correction (arrests) and other out-of-home placements.

57% decrease in use of physical health services and emergency rooms for behavioral and/or emotional problems.

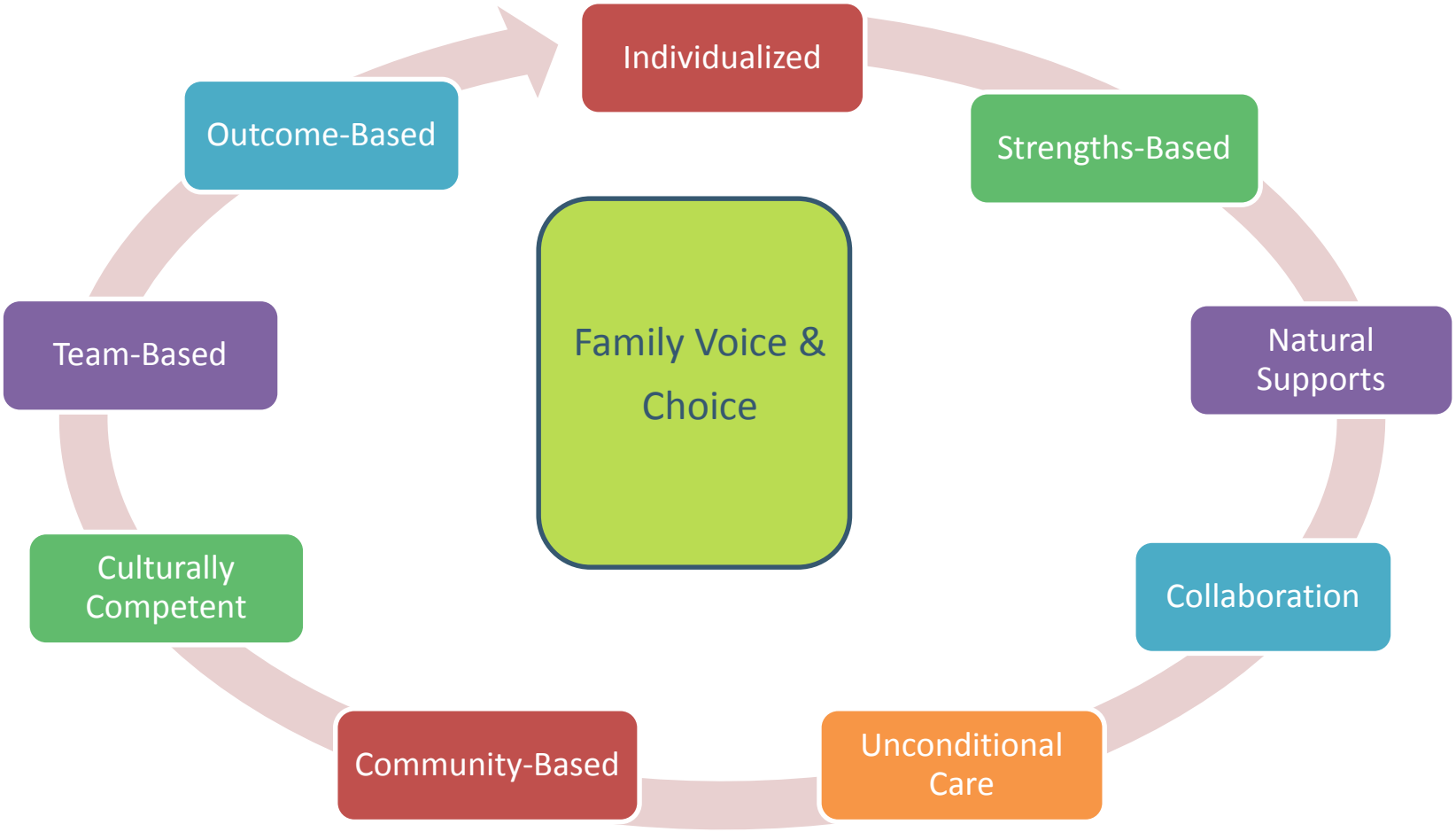
(ICF International, 2013)

Wraparound in the Continuum of Care for Youth

Mental Health Model



Principles of Wraparound



Translational Research

Medicaid Demonstration Grant: Community Alternatives to Psychiatric Residential Treatment

2008 - 2012

MOU among agencies for data sharing for evaluation

- Youth with complex needs who received high fidelity wraparound services, had better outcomes (Effland, Walton, & McIntyre, 2011)
- Level of SOC Development related to availability of high fidelity wraparound (Effland et al.)
- In interim grant study, multi-racial youth were less likely to improve (Effland et al.)
- Equal results in urban and rural areas, no differences by race or ethnicity (Moore & Walton, 2013)
- But wraparound cannot compensate for lack of resources (Weiner, Leon, & Stiehl, 2011)

Implications for Policy and Practice

- Sustainability Plan
- Encouraged state SOC development
- Supported training & certification of wraparound facilitators
- Workforce Development

Intensive Community Based Youth Mental Health Services

High Fidelity Wraparound Model

- PRTF Transition Waiver
- Child Mental Health Wraparound
- Money Follows the Person
- Child Mental Health Initiative

(http://www.in.gov/fssa/dmha/2732.htm)

How to Access Services

- Statewide regional youth mental health ACCESS Sites regarding intensive services: assess need, identify funding, referral and support
- http://www.in.gov/fssa/dmha/2777.htm

ACCESS Sites Statewide

- The DMHA-approved, community-based Access Site is considered the single point of service access and information for youth, families and providers who are in need of resources related to intensive, community-based wraparound services. The Access Site serves as a means to disseminate information to the field about local, State, and Federal funded intensive behavioral health services available to assist in maintaining youth with mental health problems within their home and community; and also provides a means for families to explore their youth's eligibility for those services. Each Access Site provides the following functions for the System of Care (SOC) region/area it serves.
- Local resource for providers and families needing information about the full-array of services available to youth with mental health needs within the SOC area/region.
- Distribute information about potential State and Federal funded intensive community-based wraparound services available for youth and families.
- Point of access for referrals and families seeking treatment alternatives to intensive out of home services.
- Assist in determining youth/family eligibility for state or federally funded community-based wraparound services.
- Assist in the recruitment of DMHA-certified service providers of intensive community-based wraparound services.
- Remain knowledgeable about and compliant with state and federally funded service programming policy, procedure and state expectations for the Access Site role in assisting youth and families in accessing the community-based wraparound services.

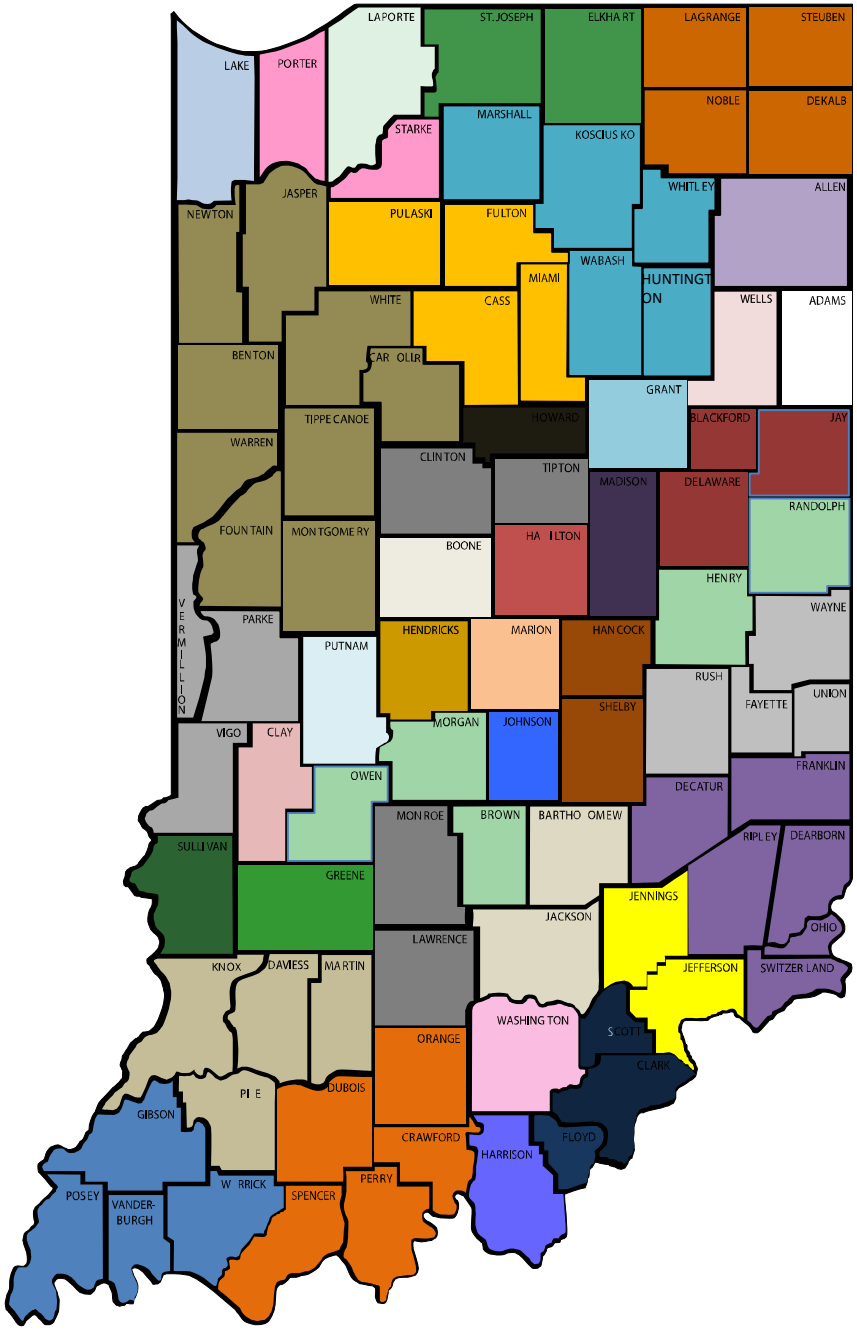
http://www.in.gov/fssa/dmha/2777.htm

Join Your Local System of Care

- Develop cross-system, interagency working collaborative
- Ensure active family and youth involvement
- Identify local needs and resources
- Develop short and long range measureable objectives
- Build, support, monitor access to effective services and supports
- For more information about local and state SOCs: dmhayouthservices@fssa.in.gov

Indiana Local and Regional Systems of Care

For more information about local and state SOCs: dmhayouthservices@fssa.in.gov



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For additional information:

- Participation in a local SOC? dmhayouthservices@fssa.in.gov
- Indiana Family & Social Services Administration website: http://www.in.gov/fssa/dmha/2732.htm
- Local Access Sites: http://www.in.gov/fssa/dmha/2777.htm
- Lisa Stewart, IN-SOC Grant Director, Lisa.Stewart@fssa.IN.gov
- Josh Sprunger, IN-SOC State Governance Board Facilitator jsprunger@namiindiana.org
- Betty Walton, IN-SOC Evaluator, Betty.Walton@fssa.IN.gov or beawalto@iupui.edu