Indiana System of Care
Development of System of Care-Brief

History

Since the mid-1980s, the Substance Abuse and Mental Health Services Administration (SAMHSA) has invested resources in the development of systems of care for children, youth, and young adults with mental health challenges and their families.

Initially, efforts designed to meet the need of youth with Severe Mental Health Challenges. Many were served out of their state which was not effective.
Core Values
- Community-Based
- Family-Driven, Youth Guided
- Culturally & Linguistically Competent

Supporting Principles
- Broad Array of Effective Services and Supports
- Individualized
- Least Restrictive Setting
- Collaboration
- Young Children through Young Adults
- Prevention, and Early Identification
- Accountability
- Trauma informed
Connecting systems for youth and their families

- It incorporates a broad array of services and supports organized into a coordinated network.

- It builds meaningful partnerships with families and youth at service delivery, management and policy levels.

- It uses data to make informed decisions about services and policies.
Outcomes - System of Care Infrastructure

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

**increased:**
- Strengths
- School attendance & grades
- Stability of living situation

*(Stroul, Pires, Boyce, Krivelyova, & Walrath, 2014)*
Outcomes - Infrastructure System of Care (Continued)

- **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)*
Indiana System of Care (IN-SOC): **Mission**

- Communities coming together to support the mental wellness of young people in the interest of building resilience and hope for families.
The CMHW program is currently targeted to address the needs of youth with complex needs and/or in danger of out-of-home placement. The program utilizes a wraparound approach designed to keep children in their communities, producing better outcomes at a lower cost.
The eligibility requirements for the CMHW program are:

- Child/youth must be between 6 – 17 years of age
- Child/youth must live in the community
- Child must be eligible for Indiana Medicaid
- Child must have two qualifying mental health diagnoses

** An assessment is required to determine eligibility
The High Fidelity Wraparound approach:

- Family Partnerships
- Different plan for each youth
- Focus on strengths
- Professionals partner with families for solutions
- Natural supports and professional services
- Single plan for cross system Integration
- Trauma informed (What happened to you?)
SOC coordinators

- In.gov/fssa/dmha/3441.htm
Other SOC Activity Examples

- Trauma and Resilience training
- Mental Health Resource Nights
- Collaboration with Juvenile Detention Alternative Initiative
- Early Childhood Collaboration Efforts
- Youth and Family Subcommittees
- Awareness of Local Resources and Experiences