



PEDIATRIC BEHAVIORAL HEALTH

Indiana Statewide
Strategic Plan to address
a growing crisis



Riley Children's Health
Indiana University Health

Executive Summary

This plan contains recommendations, developed by a broad statewide stakeholder group, on initiatives to address the growing pediatric behavioral health crisis in the state of Indiana. The plan identifies priority areas, specific initiatives to focus on and recommendations on how to implement statewide. The audience for this plan is state and local government leaders, provider systems, community organizations, and philanthropy.

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Core Goals

- 1) Increasing access to quality care
- 2) Develop behavioral health workforce capacity
- 3) Advance solutions for payment and network limitations
- 4) Expand early intervention and prevention resources



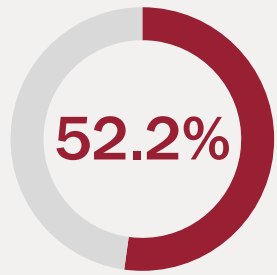


UNDERSTANDING THE CURRENT STATE OF THE YOUTH MENTAL HEALTH CRISIS

Indiana is facing a **youth mental health and substance use disorder crisis**, with one of the highest rates of youth suicide in the country and a shortage of mental health professionals to provide support and treatment across the entire continuum of care. It is imperative that this crisis is addressed urgently through a statewide strategic plan.



STATE OF MENTAL HEALTH NATIONALLY



INCREASE IN SUICIDE FOR YOUTH
age 10-24 since 2000

CDC

Over half of the nation's
MENTAL HEALTH CARE IS PROVIDED BY PRIVATE PROVIDERS, most of whom don't take any form of insurance



Council of State Governments



BH OFFICE VISITS FOR CHILDREN

ARE 10X MORE LIKELY
than physical health to be out of network

Milliman Report (2019)



224,341 ED VISITS

for self-harm by **YOUTH AGES 10-24** in 2021

CDC



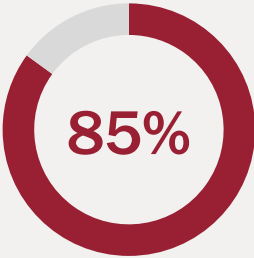
MENTAL HEALTH CHALLENGES

are the leading cause of **DISABILITY & POOR LIFE** outcomes in young people

US Surgeon General



STATE OF MENTAL HEALTH INDIANA



of the Hoosier population lives in
MENTAL HEALTH SHORTAGE AREAS

Indiana Youth Institute

Indiana is ranked
26th in the nation
based on prevalence of
mental illness among
youth and rates of access
to care.



Mental Health America

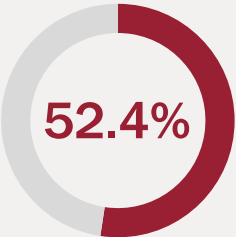
**Three out of 10
Hoosier high
school students**

reported their mental
health was *not* good most
of the time or always

Indiana 2021 Youth Risk Behavior Survey

31.6 per 10,000 Indiana
adolescents (ages 10-17)
were hospitalized for major
depressive disorders.

ISDH Epidemiology Resource Center



of Hoosier youth with a mental
health condition **DID NOT RECEIVE
TREATMENT OR COUNSELING**
in 2019 and 2020

National Survey of Children's Health



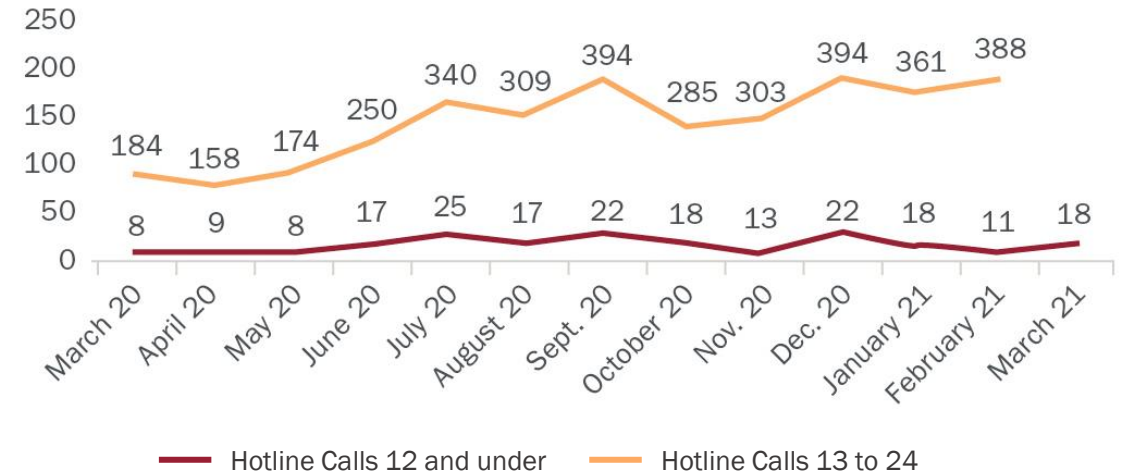
INDIANA – Suicide Statistics

Indiana’s youth suicide rate has been higher than the national average since 1999

- 22% of high school age girls and 12% of high school age boys seriously considered attempting suicide in the last year (Indiana Youth Risk Behavior Survey)
- Suicide is the second leading cause of death for Hoosier adolescents. (Indiana Center for Prevention of Youth Suicide and Abuse)
- Indiana is in the top ten of U.S. states showing the largest percentage increase in deaths by suicide among 10–24-year-olds between 2007 and 2018 (CDC, 2020).



Suicide Hotline Calls by Age Group, Indiana: March 2020 to 2021



Source: Family and Social Services Administration, Division of Mental Health and Addiction

Percentage of Students Who Reported Feeling Sadness or Having Suicidal Ideation in the Past Year by Gender and Age, Indiana: 2021

	All Students	Gender			Age	
		Male	Female	Other	Under 21	21-25
Felt sad or hopeless	38.7%	28.4%	42.7%	71.4%	40.0%	37.3%
Seriously considered attempting suicide	12.9%	10.0%	13.1%	37.9%	14.2%	11.3%

Source: Indiana Prevention Resource Center

LACK OF MENTAL HEALTH PARITY

While challenges exist in both, the mental health system lacks some of the standard elements and structure that may be taken for granted in the physical/medical health system. These gaps often result in challenges with workforce supply, funding, timely access, and quality standards.

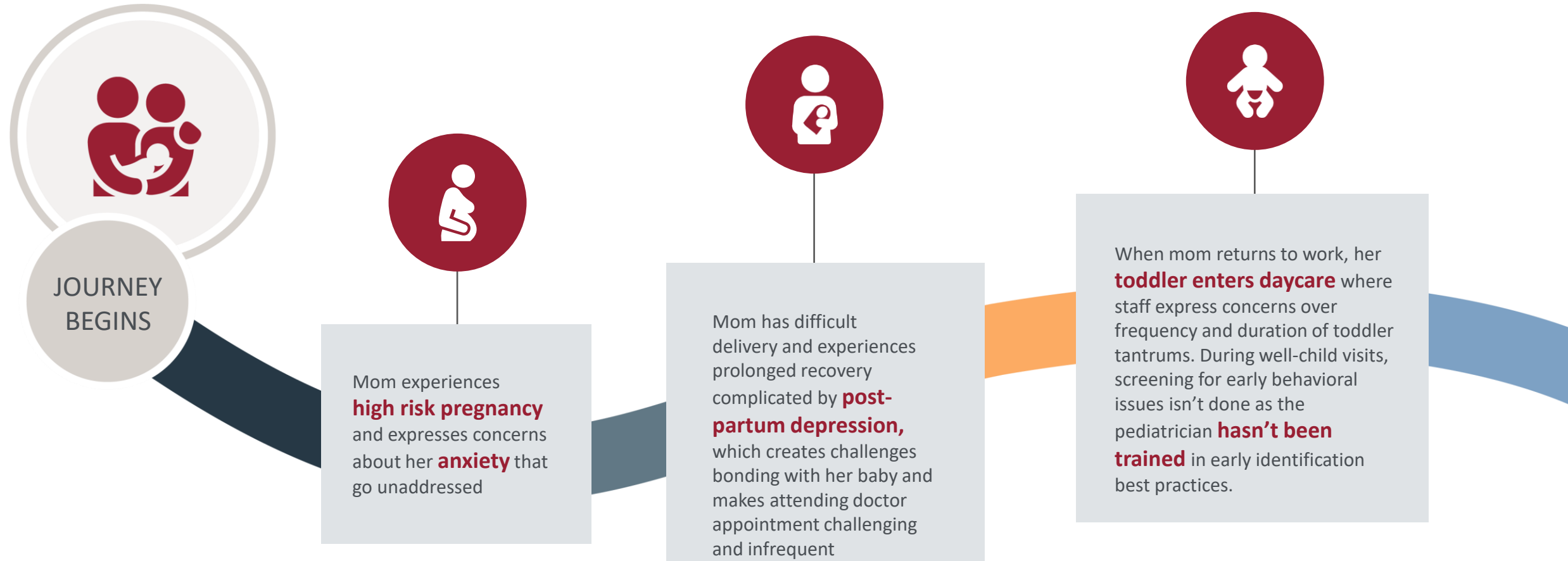
	PHYSICAL HEALTH	MENTAL HEALTH
Requisite # of Providers & Specialists	★ ★ ★	★
System and Resources to train next generation	★ ★ ★	★
Sustainable Reimbursement Model	★ ★ ★	★
PCPs, Schools trained to enable early intervention/treatment	★ ★ ★	★
Sufficient primary care, outpatient, inpatient capacity	★ ★	★
Outcomes consistently tracked, reported	★ ★ ★	★
Widespread use of evidence-based practices	★ ★ ★ ★	★
Robust tools for coordination of services	★ ★	★



THROUGH THE EYES OF A CHILD AND PARENT

PATIENT STORY

The gaps in the mental health system are often manifested in multiple settings throughout a child's life. This example story shows the impact of those gaps on the overall outcome of a child struggling with a mental health condition.





In 2nd grade, teacher notices child struggling to read while also noticing an **increase in disruptive behavior** – child is labeled bad kid and he begins to express anxiety about school to mom



By 5th grade child is in the Principal's office on a regular basis and has given up on school due to inability to keep up with peers. **Child's anxiety and depression are increasing.**



By middle school child is **experimenting with substances and skipping school** and continues to experience depressive episodes that culminate in an attempt to take his own life



In high school, **He winds up in ED** where he waits for days for an inpatient bed and upon discharge is **sent home without a follow-up plan.** Mom tries on her own to find an appointment but can't find anything available for several months.

Two months later he dies by suicide.



Building a process to address the crisis

The Process

Nearly **200 stakeholders** were engaged in the development of this statewide plan. This includes clinicians, educators, families, and state/community leaders. Working groups were created for stakeholders to share their perspectives, concerns, and vision. This information was synthesized and developed into an actionable plan that addresses the prioritized areas. This collaborative process ensures that the plan reflects the needs and concerns of the state and has the best chance of success.



Core Goals

In this process, we identified four core goals. Executing against these goals will enable us to make significant progress in addressing a growing crisis in our state.



Increasing Access to Quality Care

Less than half of all Hoosier Youth get the mental health care they need and often endure **3-6 month waits** for outpatient care.



Develop behavioral health workforce capacity

158 Million Americans lives in MH Workforce Shortage area and the problem is no different in Indiana. Demand continues to outpace supply.



Advancing solutions to payment limitations

Reimbursement for mental health lags physical health, which discourages providers from entering the field or joining networks.



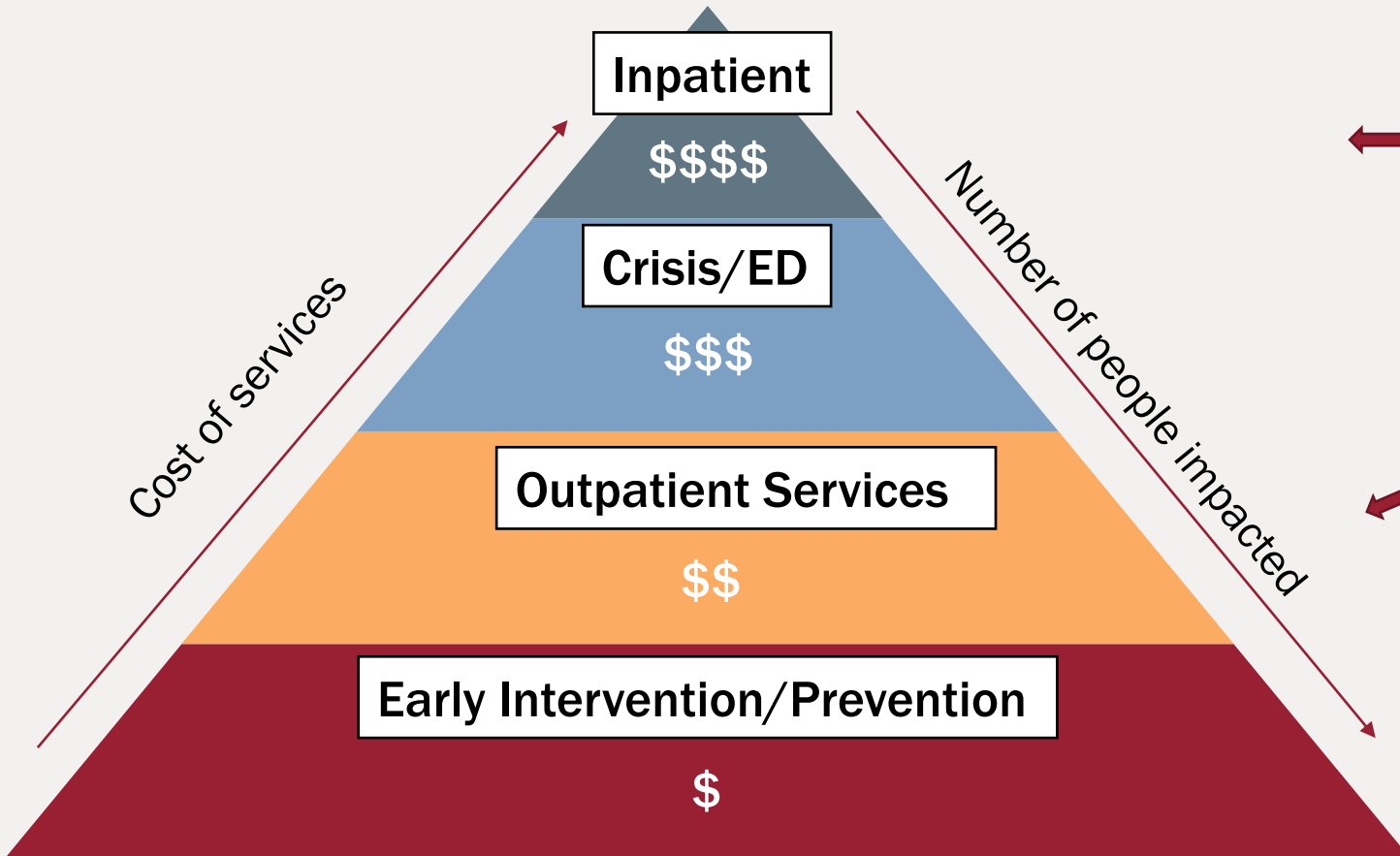
Expanding prevention and early intervention programs

No comprehensive approach to youth mental health prevention and intervention in Indiana



Enabling Factors

Rebalancing our behavioral health investments



← The most expensive interventions (shown at the top of the pyramid) are also the interventions which impact the fewest number of children.

↘ The least expensive and often underfunded interventions (shown at the bottom of the pyramid) have the potential to impact the most children and reduce the overall demand for expensive crisis and stabilization care.



The Vision

Our vision is to create a future where Indiana youth can receive the **right care**, at the **right time** and **right place** for their mental health and substance use disorder needs.



Recommendations

Strategic Priorities for Indiana

Core strategies are the initiatives that will enable Indiana to effectively address and mitigate the growing mental health crisis, with a focus on prevention, early intervention, and ensuring access to the right levels of care across the state.

Enabling strategies are the critical infrastructure that Indiana must build to ensure that the core strategies can be implemented and sustained into the future.

Core Strategies

- 1 Expand early intervention and prevention resources
- 2 Increase access to outpatient services
- 3 Ensure safe interventions for kids in crisis
- 4 Ensure the right type and distribution of inpatient services

Enabling Strategies

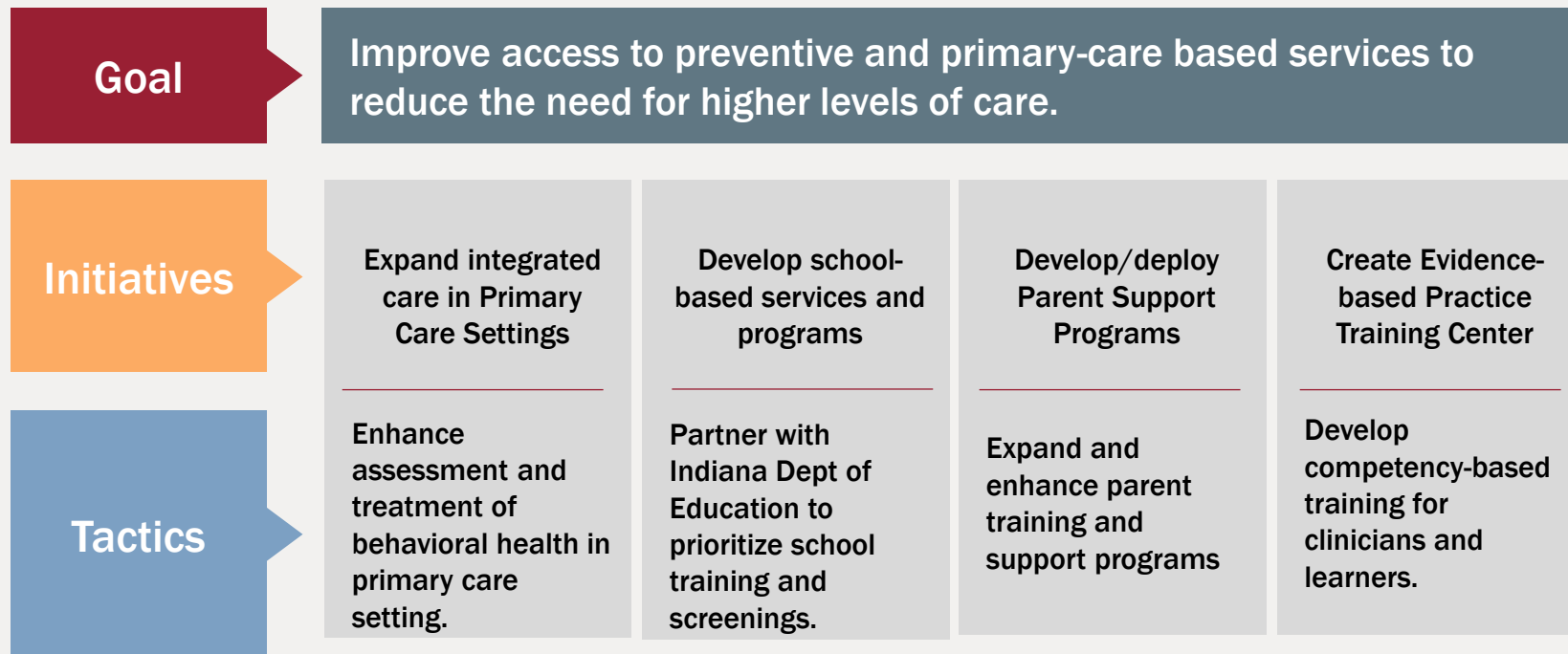
- 1 Expand the workforce
- 2 Advocacy



Core Strategy #1

Expanding Prevention & Early Intervention Services

Indiana currently lacks a coordinated and comprehensive approach to prevention and early intervention program development and deployment creating disparate and limited access.



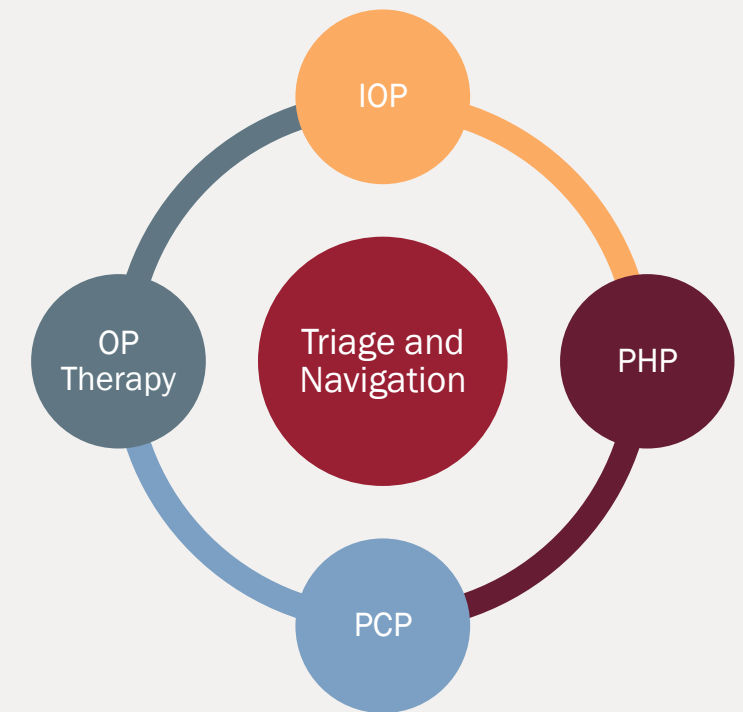
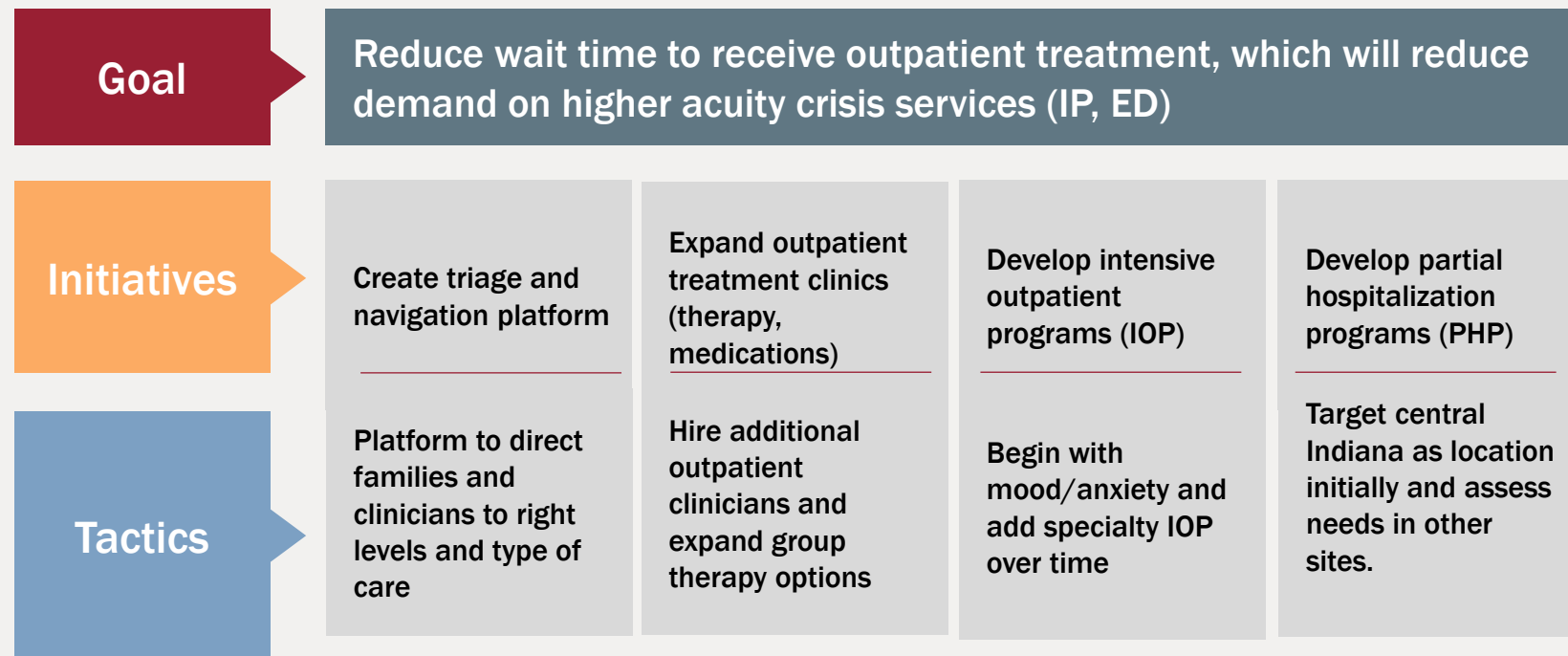
Utilize virtual and digital tools to increase reach and scale of programs.



Core Strategy #2

Increase access to evidence-based outpatient (OP) services

Access to evidence-based outpatient services is a major challenge with long wait times, fragmented services, and difficulty ensuring patients get to the right care at the right time and place.



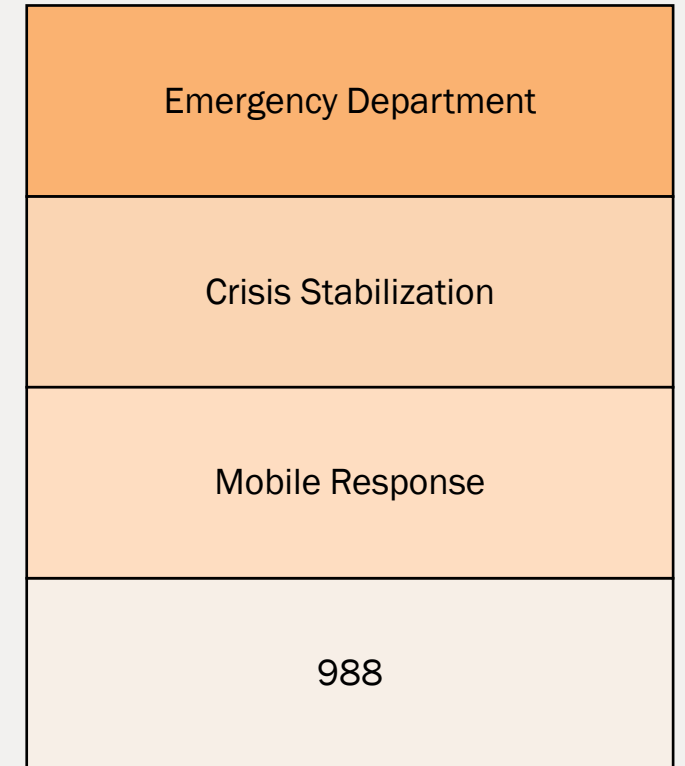
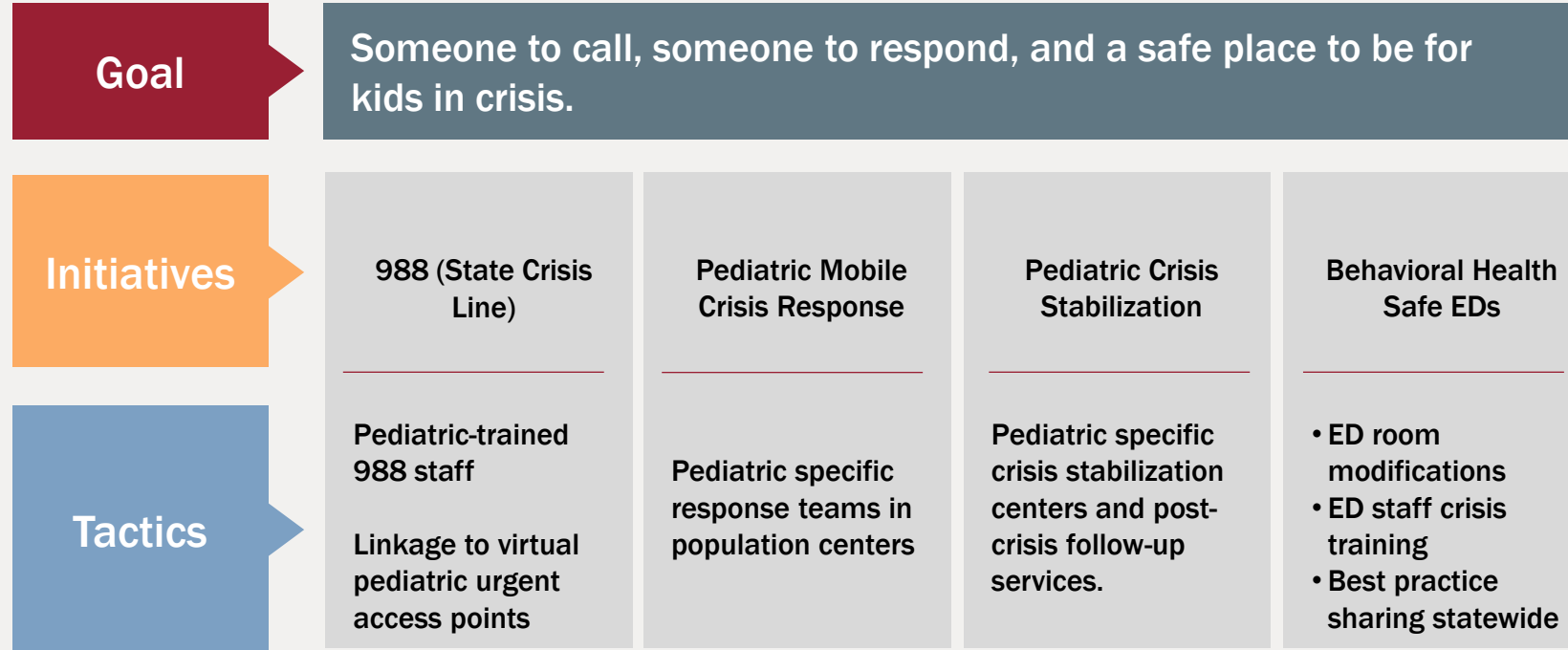
Utilize virtual and digital tools to increase reach and scale of programs.



Core Strategy #3

Ensure safe interventions for kids in crisis

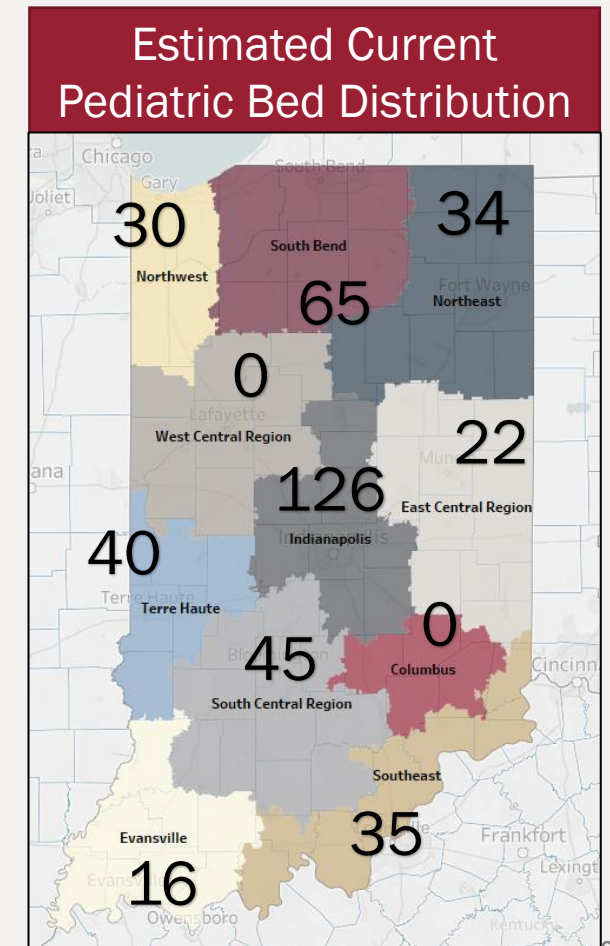
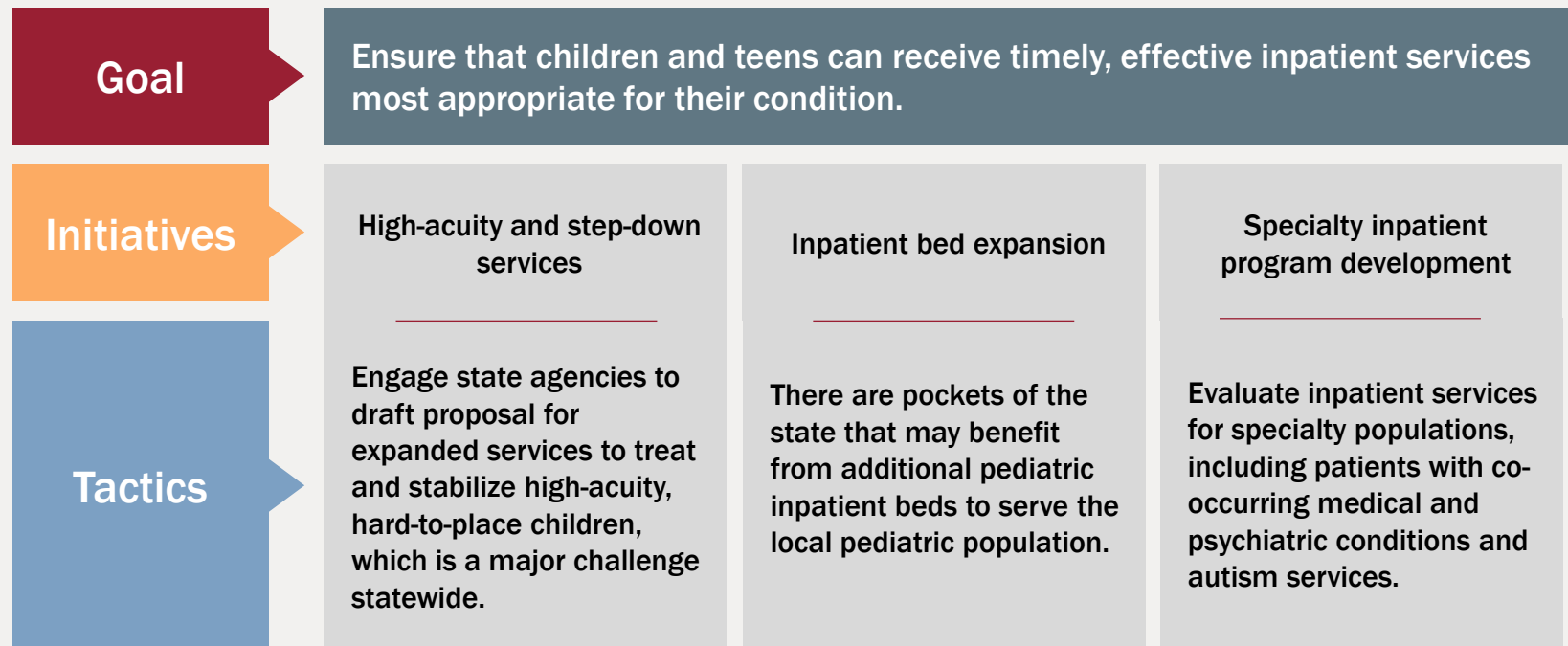
Youth experiencing a mental health crisis often have limited options apart from law enforcement and the emergency department. More kids can be served through a comprehensive crisis model than by relying on inpatient care and emergency departments alone.



Core Strategy #4

Ensure the right type and distribution of inpatient beds

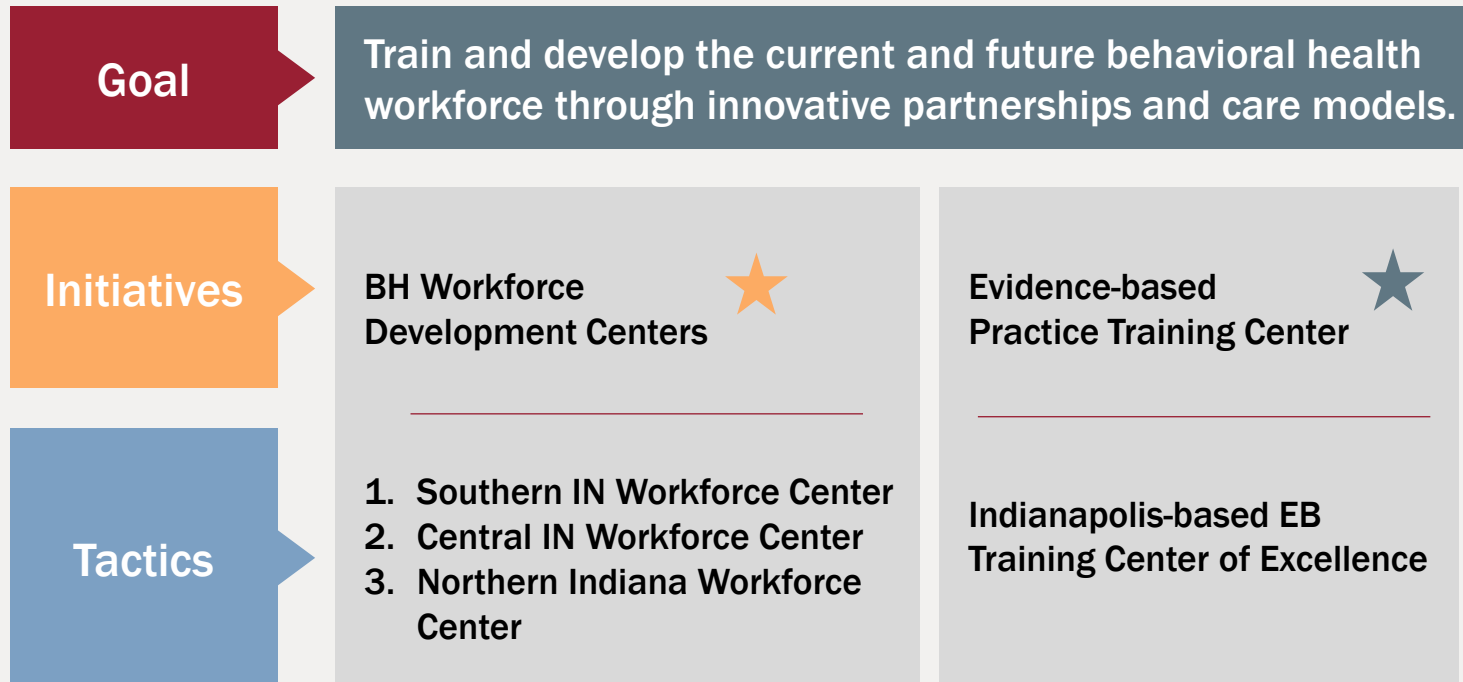
Patients are often waiting in emergency departments to find a bed somewhere in the state for inpatient admission. Those who are in crisis don't have timely access to the specialized services and support they require. Patients with more challenging needs often wait longer.



ENABLING STRATEGY #1

Build the pediatric behavioral health workforce

In order to meet the growing demand of services, we need to build and train the workforce to provide the access needed and ensure the care being delivered is sustainable and evidence-based.



ENABLING STRATEGY #1

Build the pediatric behavioral health workforce

Goals

1

Engage stakeholders in higher education, training programs

2

Address key issues in reimbursement and network coverage

3

Identify new roles and new care models

4

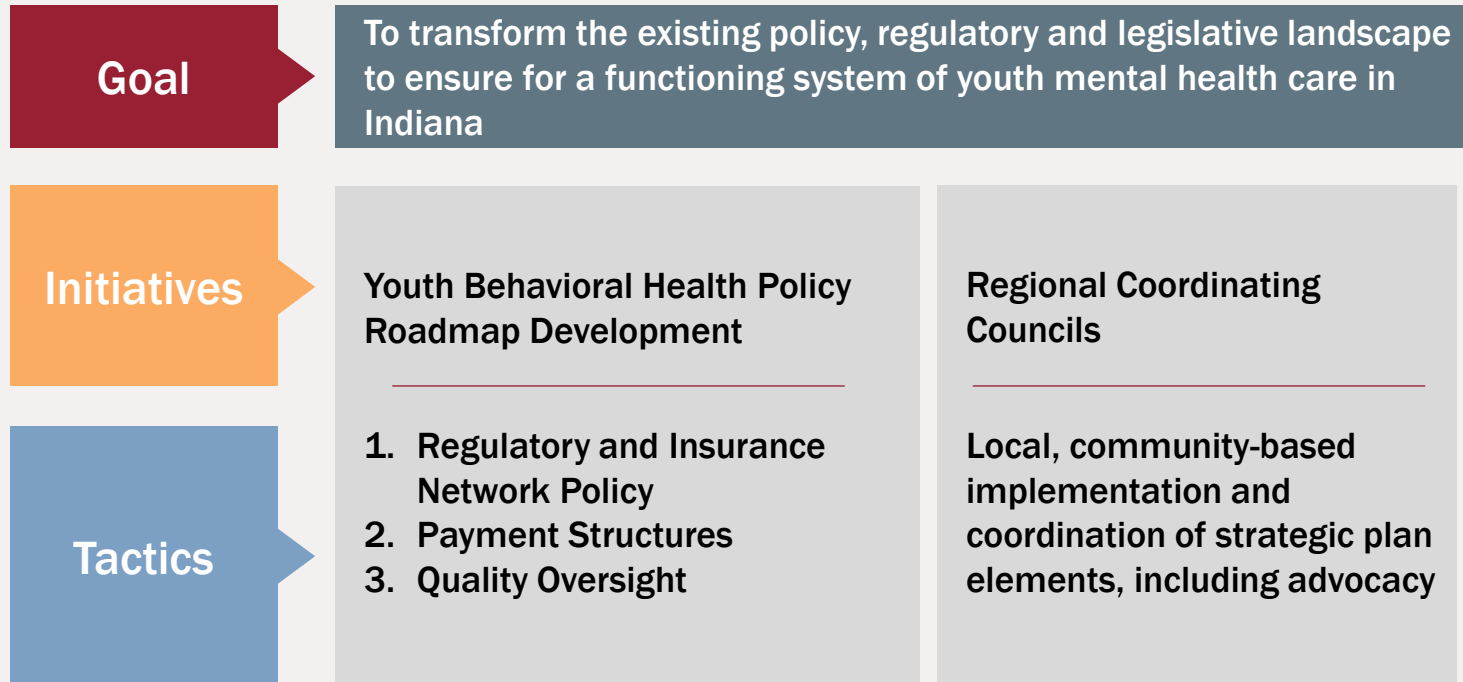
Train the current and future workforce in the most effective, evidence-based practices



ENABLING STRATEGY #2

Advocacy for system reform

In order to make sustainable, long-term progress, we must address critical infrastructure components and scale the approach state-wide as needs differ across the state.



ENABLING STRATEGY #2

Advocacy for system reform

Roadmap Development Goals

1

Create a sustainable payment structure for pediatric behavioral health

2

Bolster the pediatric behavioral health workforce and future pipeline

3

Reduce coverage and network gaps for behavioral health services

4

Funding for critical behavioral health infrastructure in the state



ENABLING STRATEGY #2

Advocacy for system reform

Regional Coordinating Councils

Locally owned, centrally managed

1

Identifying biggest needs and challenges of the area and working on joint solutions

2

Coordinating key initiatives, workforce development, and advocacy work in that region

3

Implementation of the statewide pediatric behavioral health plan in that respective region

4

Engaging local philanthropy to support the implementation of the strategic plan

Participants locally would include local provider groups, government, community organizations, schools/higher education, philanthropy, local business leaders. Coordinates with a statewide oversight group to ensure alignment and adherence to strategic goals and guiding principles.



Priorities and Call to Action

Prioritization: Right sizing our focus and investments

Based on the funding opportunities, we recommend prioritizing the following areas for ongoing resource allocation over the next 5 years.

Estimated cumulative need →

We recommend investing in the following programs and services.

Some of these require ongoing funding support, others would be capital/startup.

\$150M

Integrated primary care expansion
 Outpatient Services/IOP Expansion
 Parent/Caregiver Support Programs
 Schools Support Programs
 Workforce Development
 Training Center of Excellence
 Awareness Campaign

+\$150M

Triage and Navigation Platform
 Pediatric Crisis System expansion (CSU, Mobile, 988)
 Step-down services expansion (PHP, Follow-up care)

In addition to bucket 1

+\$150M

Specialty inpatient services development (Med-psych, neurodevelopmental, eating disorders)
 Best in class, comprehensive behavioral health facilities.

In addition to buckets 1, 2

+\$200M

State High Acuity facility (IP, step-down services)
 Additional inpatient and residential services

In addition to buckets 1, 2, 3



THROUGH THE EYES OF CLINICIANS AND EDUCATORS

This story shows how addressing gaps in the pediatric behavioral system in Indiana will have an impact on the trajectory of a young student whose needs are met by a well-trained support system, avoiding the need for higher levels of care in the future.



Ms. Smythe, a second-grade teacher, has received training on how to spot the signs of a student struggling with anxiety and notices her student Georgia may need help. **Ms. Smythe sends Georgia to the school counselor for further assistance.**



Mr. Dixon is the school counselor who regularly **receives training from the Riley Center for Excellence** and understands how to both effectively evaluate Georgia and begin to support her in school.



Georgia's parents are contacted by Mr. Dixon and are then given access to parent support resources provided by Riley. **These tools help Georgia's parents address her anxiety while she is at home.**



Mr. Dixon and Ms. Smythe work as team to support Georgia and watch as her anxiety steadily decreases. Georgia's parents give the team permission to share information with Georgia's primary care provider as well.





When Georgia goes to her annual well child visit at her Pediatrician's office, Dr. Monroe is able to follow up and also support Georgia's anxiety. **Dr. Monroe is part of a network of primary care providers that both receive training and support from Riley** as well as have access to Riley's outpatient services and medication consult program.



Dr Monroe notices that **Georgia may also have ADHD and consults with the team at Riley** and Georgia's school team to confirm the diagnosis and begin appropriate medication.



Dr Monroe, Mr Dixon and Ms Smythe, along with Georgia's parents meet regularly to support Georgia who is now thriving at school and at home. Georgia has been able to avoid an emergency room visit and has not needed outpatient levels of care thanks to receiving highly coordinated evidence-based care.



Call to Action

Every child in Indiana deserves access to quality healthcare, including behavioral health services. By supporting organizations that are working towards this goal, you can help ensure that children receive the support and care they need to thrive. We can also speak out about these issues and encourage our elected officials to prioritize funding for pediatric behavioral health care. With your help and support, we can make sure that every child in Indiana can reach their full potential.

