

Autism and Mental Health: Issues and Ideas System of Care

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Our Agenda

- Autism and Mental Health
- System of Care
- Review of challenges and possible solutions.



Facts to Consider

- About 80% of those on the autism spectrum have a co-occurring disability.
- About 30% have a co-occurring mental health diagnosis.
- Increasingly challenging schools
- Increasingly challenging families.
- There are many barriers to MH and DD systems effectively working together.

We are working on these issues through collaborative initiatives.

- IRCA hired Terri Miller as a consultant to assist with addressing issues with ASD and beyond.
- Informal DOE work group
 - Resource Library through Tracy Bruner supported by Pam Wright
 - Outreach Coordinators
- Connecting with key organizations in the fields of Autism and Mental Health/Wellness.
 - DMHA Work Force Subcommittee
 - DMHA SOC All Children and Families
 - CMHC Access Points and SOC Coordinators for every county in the state.

IN-SOC: The Elevator Speech

- Indiana's SOC 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 provide 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.

Core Values

- Community-Based
- Family-Driven, Youth Guided
- Culturally & Linguistically Competent

Supporting Principles

- Broad Array of Effective Services and Supports
- Individualized, Wraparound Practice Approach
- Least Restrictive Setting
- Family and Youth Partnerships
- Service Coordination & Cross-Agency Collaboration
- Services for Young Children and Their Families, Youth and Young Adults in Transition to Adulthood
- Linkage With Promotion, Prevention, and Early Identification
- Accountability
 - Pair and Share

Outcomes from System of Care

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

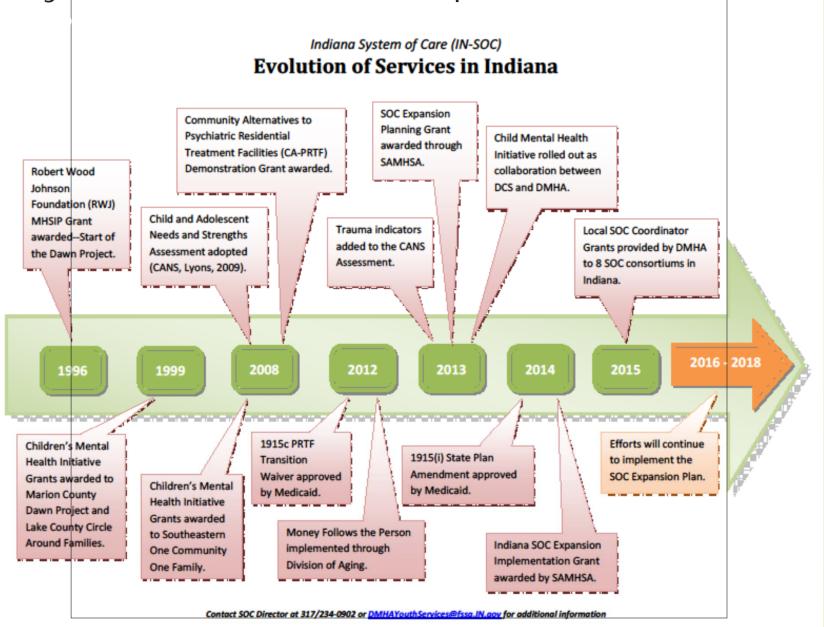
(Stroul, Pires, Boyce, Krivelyova, & Walrath, 2014)

Indiana System Of Care (IN-SOC) **Definition**

The local and regional SOC community takes responsibility for building a comprehensive system that leads to sustainable success for youth and families. The system is characterized by:

- Respect, compassion and values
- Efforts to be responsive and tailor effective services and supports to the unique, whole person.
- o Services and supports are created and maintained based upon community data, community partnerships and shared resources.
- Youth and families are important partners in creation and maintenance of the system.
- A community-based infrastructure plans, coordinates, implements and sustains the system through accountability, evaluation and quality assurance.

System of Care Development in Indiana



Indiana System Of Care (IN-SOC): Population Served

Young people with mental health and related needs.

We believe that all young people have mental health and related needs (i.e., mental, physical, emotional and spiritual) and would benefit from the support of the entire community. If this application is successful, Indiana will utilize these grant funds on the part of the system that supports children and youth with severe emotional disturbances (SED). IN-SOC, however, will ultimately promote and support the mental health needs of all young people (birth through transition-age youth).

Indiana System Of Care (IN-SOC): Vision

All young people, surrounded by supportive adults, achieve wellness, engage in their community, and together, promote wellness for generations to come.

State leaders and stakeholders envision communities that offer a sense of hope, community accountability and the pursuit and maintenance of wellness for the state's youth (i.e., mental, physical, emotional, spiritual wellness). This will be achieved through a coordinated effort among youth, families and community stakeholders that will break the cycle of untreated mental illness and generational challenges associated with trauma and end the stigma associated with seeking services and supports to achieve mental health wellness.

Indiana System of Care (IN-SOC): Mission

To model and provide leadership, guidance, technical assistance, policy and change at the state level to ensure that local SOCs are available for every child, youth, young adult and their families.

The only way to encourage, support and ensure sustainability of SOC across the state is for State leaders to model the SOC values and approach; which includes a multi-system, collaborative state SOC infrastructure. The state SOC will provide the required support needed to assist local/regional SOC development and sustainability through, policy development, guidance, training, and technical assistance.

Child-Centered, Youth Guided & Family-Driven SOC Philosophy

Indiana's goal is to create a culture of inclusiveness for family and youth participation in all levels of SOC planning, implementation, monitoring and process improvement.



ASD/MH/DD-System of Care

- Let's discuss
 - Other Collaborations
 - Other Agencies or Entities
 - Legislation
 - Funding
 - Other

■ Thanks for being a part of the solution



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