



Reach Out Indiana:

Accessible Mental Health
Services for Kids and Teens



Kiwanis
INDIANA DISTRICT



The Indiana District of Kiwanis is joining Riley Children's Health to take on the alarming rates of youth suicide, depression, anxiety and other mental health conditions devastating our state's children and teens.



The Problem

- 1 in 5 kids live with a mental health disorder in the U.S.
- 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
- Suicide is the second leading cause of death for Hoosier teens
- 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).



THE PROBLEM

Less than half of all Hoosier youth get the mental health care they need

Families often wait 3-6 months to access outpatient mental health care

Many therapists do not accept insurance at all, putting care out of reach for many Hoosier families



THE GOAL

Provide Indiana kids with access to high-quality, evidence-based mental health care in locations close to home

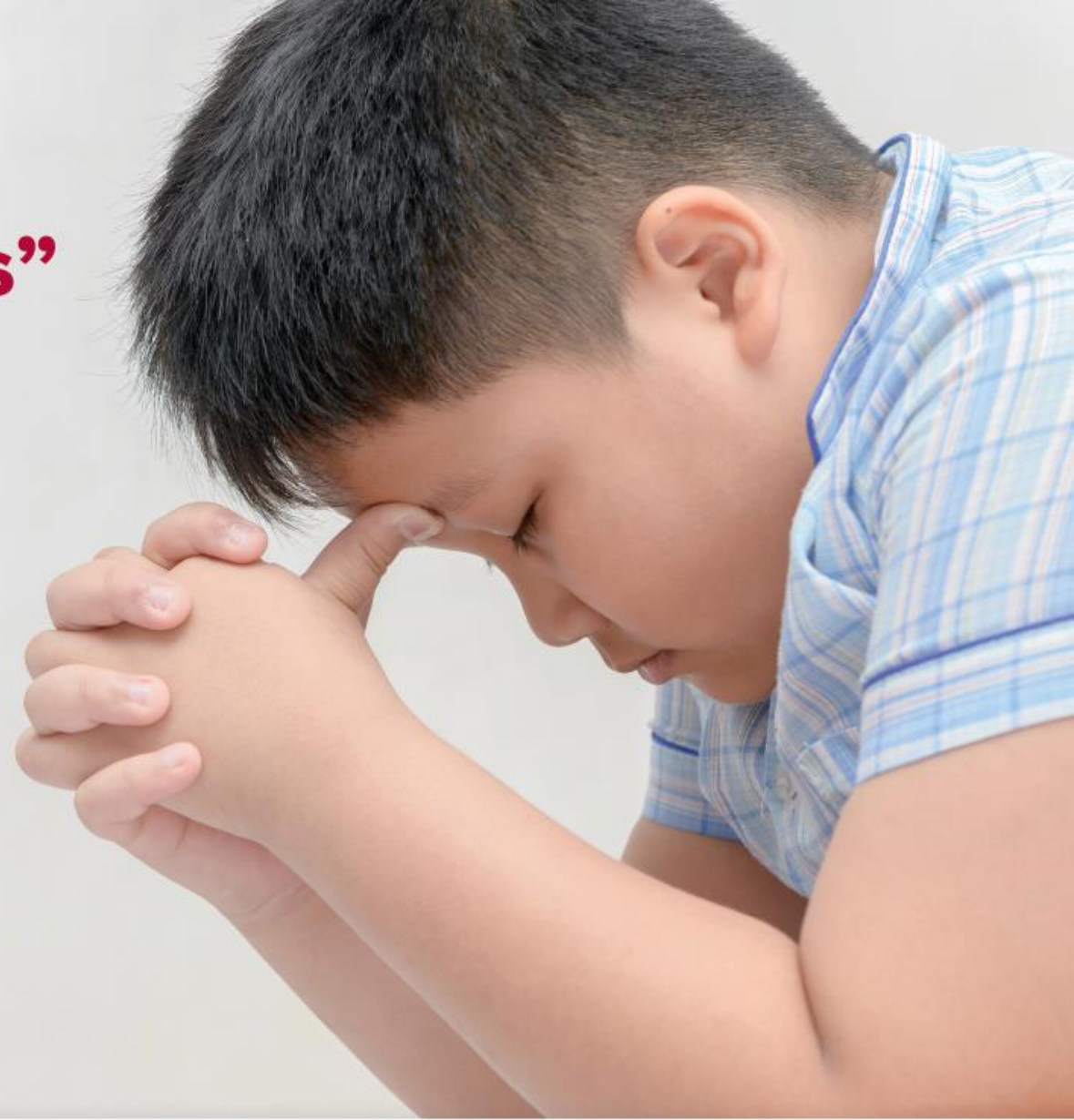


The Solution: Integrated Mental Health Care “Hubs”

WHAT: Embed mental health services in pediatric and primary care offices – creating “hubs” that reach children and adolescents in convenient and trusted locations.

WHO: Will serve 70,000 - 80,000 children and adolescents across Indiana

WHERE: At least **20 Riley/IU Health primary care locations** are being selected to pilot an integrated care model.



Integrated Mental Health Care

Target population:

- Children and their caregivers receiving primary care services at IUH

Activities:

- Assessment
- Implementation of evidence-based behavioral treatment models
- Psychopharmacology consultation
- Care coordination, case management, linkage to psychiatric care when indicated

Targeted Diagnoses:

- Anxiety
- Depression
- Conduct/ADHD



Why Integrate in Primary Care

Approximately 75% of individuals in need of psychiatric evaluation and care are seen in primary care practices and never see a psychiatrist.

Trust and Convenience:

- Children, adolescents and families are more likely to use behavioral health services offered through their primary care provider.
- The primary care provider is a familiar place and offers a convenient location to receive both physical and mental services
- Many primary care clinics already exist within the communities close to home
- The integrated model allows for a shared plan of care and creates flexibility for the patient and family as well as the care team through collaboration of services

Early Detection and Prevention:

- Children are seen more often by their primary care provider which can lead to earlier detection of behavioral concerns
- Half of adults with chronic mental health conditions first had symptoms before the age of 14



Key Features

Technology

Will use research-validated digital tool for faster assessments
(Called K-CAT)

Workforce

Will include both master's and bachelor's educated therapists
and interventionists to expand workforce

Training

Will be trained on simplified evidence-based care model
developed by Harvard (Called FIRST)
Focused on common diagnoses: Anxiety, Depression,
Conduct problems

Medication Management

If needed, medications will be prescribed/managed by
primary care physician in consultation with Riley psychiatrist

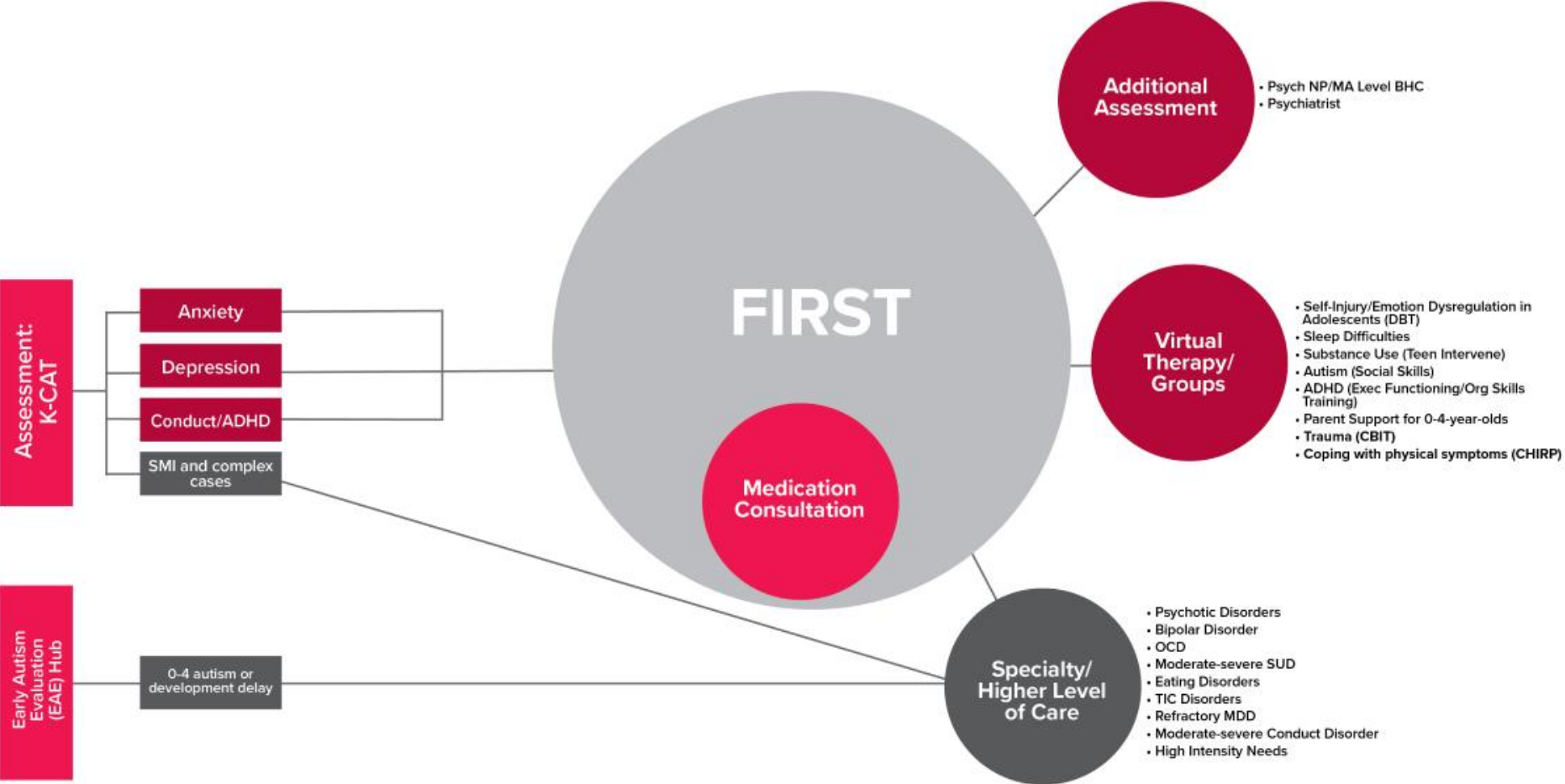


Virtual Therapy/Groups

- FIRST not sufficient for all
- Set of virtual services under the supervision of specialty area psychologists

AGE	DIAGNOSIS/SYMPATOMOLOGY	PROGRAM	VIRTUAL MODALITY	LENGTH
10-18	Self-injurious behavior, chronic suicidal ideation, emotional dysregulation	DBT-A Skills Training	Both Individual and Group sessions	16 weeks
5-12	Autism spectrum disorder	RUBI+ Social Skills Training	Both Individual and Group sessions	11, one-hour sessions with optional extra
5-17	Executive functioning issues and/or ADHD	Executive Functioning/ Organization Skills Training	Group	16-20, one-hour sessions
11+	Suspicion of or initial of substances (Evident SUD to ENCOMPASS)	Teen Intervene	Group	3-4 sessions
3-11	Parents of 3-11-year-olds with pediatric insomnia	Sleep Train Program	Group	6 sessions
12-17	Adolescent insomnia	CBT-I for adolescents	Digital App	
0-4	Parents of newborn — 4-years-olds	Parenting Skills Group	Group	6, one-hour sessions
12 - 18	Adolescents with chronic, debilitating, fatiguing and/or painful illnesses	CHIRP	Group	4, one-hour sessions
5 - 18	Children and adolescents that have experienced traumatic events	CBIT/Bounce Back	Group	10, weekly, one-hour sessions

Big Picture



DONATIONS GO TWICE AS FAR

Every dollar donated will unlock an additional dollar in grant funding from the state's Family and Social Services Administration, meaning Kiwanians will have double the impact.



Kiwanis clubs statewide can:

- Host at least one Reach Out Indiana fundraiser for Riley per year
- Raise awareness about the Indiana youth suicide and mental health crisis and efforts to solve it
- Learn how to support kids in local communities





QUESTIONS



Riley
Children's
Foundation



Kiwanis
INDIANA DISTRICT