Indiana Behavioral Health Commission

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Overall Mental Wellbeing Subgroup

April 20, 2021– 11:00 am – 12:30 pm EDT

Virtual Meeting Recording: https://us02web.zoom.us/rec/share/ebbFRDplx29l-IlSBZC3eRWmgdFLoueMVvA0y0qIJTgbZ1hbCVeia7-nLiiOtWmG.P2F6DZhpzrYFoUCB

Meeting Passcode: zW@52my!

Minutes

Members Present	Ray Lay	Sharon Bowman	Mimi Gardner	Bethany Ecklor
	Barbara Scott	Jay Chaudhary	Rachel Halleck	Alexis Pless

Introductions – *In order of presentation*

- Please include your name, title, and job description
- Opening Question - What is your interest in this topic? What is your expertise?
    - Mimi Gardner – Chief Behavioral Health and Addiction Officer at Health Link
        - Takes a **whole-person perspective** in treatment, focusing on **Social Determinants of Health (SDoH)**
        - Staff emphasis on empathy and **health equity** in their work
    - Ray Lay – Formerly homeless individual and honorably discharged Marine; current Certified Recovery Specialist (CRS)/Peer Support Specialist
        - Graduate of Whole Health Action Management – spoke to a **whole-person perspective**
        - Strong belief that overall mental well being is of the utmost importance to behavioral health
            - Mention of **integrated care/integrated behavioral health care**
    - Barbara Scott – CEO of Aspire and Licensed Clinical Social Worker
        - Spoke to persistent stigma against mental health needs and complication of the issue resultant of non-equivalent terms being used interchangeably
            - Championed for continuation of Be Well Indiana and creation of **mental health literacy** program to decrease stigma and help Hoosiers more accurately identify where on the spectrum their needs lie in order to connect to more appropriate care
            - *See Addendum A*
        - Spoke to **whole health model** for assessing and treating and individual
            - Access to care accounts for only ~20% of someone's overall health – including mental
    - Sharon Bowman – Private practice psychologist, Licensed Mental Health Counselor, and professor as Ball State University
        - Mental Well Being is in everything she does, from training students to working with clients

Welcome & Purpose *Discussion facilitated by Jay C.*

- Review legislation and assessment areas for subgroup -
  - Discussed applicability of mandatory assessment areas to Overall Mental Well Being
    - Funding – Largely applicable
    - Access to care – Will require further modifications to fit the purpose of this group
    - System Design – Due to nature of the subgroup, system design may not be appropriate to assess
- Goals Discussion
  - Identify broad ideas to be formulated as final recommendations for the Commission. – Track 1 recommendations
    - Integrated care recommendations could be made on basis of whole health/whole care // Jay C.; Mimi G.
    - Focus on defeating, stigmatizing language // Ray L.
    - Focus on securing stable, affordable housing as foundation of support, self-empowerment, and elevation // Ray L.; Sharon B. agreed
      - Broadening of view of intervention – not always providers, but housing, employment, connection to benefits, etc. // Barbara S.
    - Jay C. identified emerging, broad categories
      - SDoH
      - Equity
      - Stigma and language awareness/education/mental health literacy
    - Prevention and early intervention // Rachel H.
      - Cannot address all SDoH to get to "perfect" state – proactivity and early intervention/prevention
      - Inclusion of engagement in prevention/early intervention // Barbara S.; agreement from Sharon B.
    - Staff training on and incorporation of Screening, Brief Intervention, and Referral to Treatment Tool (SBIRT) at various points of entry in Indiana health systems – both physical and mental; should be ubiquitous in behavioral health settings // Mimi G.
      - *Reference Addendum B for potential initiative support*
      - Opportunity for partnership with CMHCs // Rachel H.
      - Opportunity for prevention/early intervention/intervention points in partnering with DCS, educators/teachers, and other pre-existing, natural connections in children's lives // Rachel H.
        - Annual SBIRT-assisted screening for youth at beginning of schoolyear // Barbara S.
          - Act of screening and repeatedly bringing awareness to an issue can itself be intervention // Endorsement by Barbara S. and Ray L.
    - Centralize and fiscally support the connection and information-gathering work performed by Community Health Workers(CHW) not able to be as effectively achieved through another avenue // Mimi G.; agreement from Barbara S.
      - Create a workforce of Peer Health Workers focusing on using engagement and information-gathering activities as intervention // Barbara S.
  - Identify immediate specific ideas to include in the Commission interim report. - Track 2 recommendations
    - Call to identify actionable, specific ideas to form recommendations related to housing // Jay C.
      - Support for creating, finding, and connecting to employment with livable wages – otherwise housing funding is "always on someone else's dime" and inherently unstable // Barbara S.
        - Address funding issues/complications and HUD funding. // Ray L.
          - *Explore the inclusion of housing support in state Medicaid dollars. Models exist in other states, can be explored to support recommendation creation.* //Jay C.
        - Michael Hicks speaks on Indiana's "mirage" of economic boom disproportionately affecting low wage jobs – good opportunity for engagement with world of economics with employment being a major driver behind overall mental health and well being // Jay C.; agreement from Mimi G.

        - *Plans made for Jay C. and Sharon B. to reach out to Michael Hicks*
    - Issue of affordability also applies to those receiving disability benefits // Sharon B.
- Take a prevention perspective within identified mental illness – what supports can be provided to prevent further decompensation? Focus on housing, access to higher levels of care, and wellbeing for folks already in Indiana systems. // Barbara S.
    - Broader proliferation of assessments necessary. Assess currently and recently released Department of Corrections populations along with their families; expand out to Department of Child Services families and extended family – all done in least intrusive way possible // Jay C.
        - Training is provided to Correctional Officers on mental health, but not to incarcerated individuals living with mental health issues. Told within parole system that they "weren't sending enough people back to prison," so training was no longer needed. // Ray L.
- Look at correlation between physical disease and mental health diagnoses // Mimi G.
    - Tends to be dichotomous approach among clinicians, splitting mental health and physical health needs and concerns. **Whole person/integrated perspective** is necessary // Rachel H.
        - Train students to ask medical questions on mental health patient – can be used as a motivator to have patient pursue necessary medical care from physical health provider as mental health providers are a more regular, personal touchpoint. Empower mental health providers to utilize **integrated care** lens // Sharon B.
        - Emphasize necessity of **whole health approach** with possible conflicts in medication with non-interacting care teams – ensure mental health care team broadly understanding physical health and common treatments and interactions // Mimi
        - Administrative burden, time constraints, and capacity large barriers to whole health model. How do we stop seeing physical and mental health in isolation? // Rachel H.
            - Could play out as clarity around scope of practice. Possible levers to pull? // Jay C.
                - Education and cross-training with related systems. Ensure enforcement of standards of practice and connection (i.e. Doctor meant to talk to OB/GYN when prescribing methadone – rarely happens) // Mimi G.
                - Build on natural motivation to self-educate by nurturing patient understanding and acceptance of diagnosis. Train CRS, CHW, and other clinicians // Ray L.
- Focus on and increase **mental health literacy**. Mental well being is not necessarily the absence of mental illness; for those with diagnoses, it is the ability to effectively manage mental health needs and issues and live a satisfying life // Barbara S.
    - *Question of mental health curriculum in school systems* // Jay C
        - Dependent on understanding, capacity, competency of school staff, and school culture. *Follow-up with Brooke Lawson* // Bethany E.

- Chair/co-chair selection – Agreed that subgroup size obviates need for discrete chairs
- Develop ongoing agendas – Duty to be assigned
- Coordinate with subgroup to identify next meeting times/agenda – Meeting times to be determined as needed
- Report out to IBHC meetings – Reporting duties to be determined at next meeting
- Review and approve meeting notes
    - DMHA staff will take meeting notes – Approval to be made by consensus

○ Before September, each member of the subgroup will be tasked with reviewing the minutes and finding a portion of them to turn actionable under the identified tracks, after which the group will reconvene to consider for formulation into recommendations
Next Steps
• Identify speakers/topics for future meetings – To be determined by actionable item selection process • Identify documents to review ○ Minutes and attached addendum • Action Item Recap ○ Jay C. and Mimi G. to reach out to Professor Michael Hicks to discuss his ideas on Indiana's "mirage of [an] economic boom" and the connections between mental wellbeing, affordable housing, and accessing livable wages through gainful, competitive employment ○ Research other state Medicaid models that include housing support in their funding. Explore this model as a recommendation in Indiana. ○ Follow-up with Brooke Lawson on school system mental health curriculum – is mental health taught in health education classrooms? Other areas for increased education for educators/teachers related to mental wellbeing and overall mental health? ○ Subgroup members create actionable items from meeting discussion notes
Future Subgroup Meetings
• Next Meeting - Tuesday June 8, 2021 at 11:00 am – 12:30 pm EDT • Frequency of Meetings – At least one more before full Commission meeting

Addendum A

The following page is a collection of resources provided by Barbara Scott of Aspire Inc. on mental health literacy.

Mental Health Literacy

1. Why is it important?
    a. Normalizes the human experience
    b. Reduces stigma
    c. Helps reduce the time for access to care
2. How can Indiana benefit?
    a. Address growing insistence of equal “Access to Mental Health” for everyone
    b. Identify and build the right treatments for mental illnesses within primary care and psychiatric care
    c. Identify the right supports for mental distress and mental problems within families/friends, schools, churches, workplaces, counselors and communities

Reference Material for Mental Health Literacy:

Mental Health Collaborative (https://www.mentalhealthcollaborative.org/what-we-do/#mhl): https://youtu.be/-aXFzDyuALI

Be Well Indiana: https://bewellindiana.com/mental-health-resources/

Teenmentalhealth.org: https://youtu.be/VgYmIsYmUIU

https://mentalhealthliteracy.org/what-is-mental-health/

Addendum B

The following is information on SBIRT trainings provided by Great Lakes Addiction Technology Transfer Center Network to support conversation about possible increased incorporation of the assessment at different levels of treatment and points of entry.

https://attcnetwork.org/centers/great-lakes-attc/event/screening-brief-intervention-and-referral-treatment-sbirt-workshop-0

Possible questions to consider:

1. How could we consistently and reliably get out communications statewide regarding these trainings?
2. How can we reliably track prerequisite completion (*described on linked webpage*) and support outgoing communications on those?
3. Is a partnership with the agency possible and what would it look like? How could it be achieved?