Indiana Behavioral Health Commission

Commission Member Survey Results—Abridged

Beginning October 29, 2020, DMHA's Indiana Behavioral Health Commission (IBHC) began collecting responses from commission members to identify major barriers related to access, funding, and general administration of Indiana Mental Health Systems (IMHS) and to establish priorities in addressing these barriers. A total of 16 responses were collected from Commissioners.

During the month of September 2020, the Indiana Recovery Council (IRC) opened a survey to those in recovery and with experience interacting with Indiana's Mental Health Systems to collect insight into the consumer perspective regarding Mental Health treatment barriers. During its four-week run, 199 individuals responded to the survey. Of these, 43 open-ended responses were collected related to barriers to treatment.

This document presents what commission members identified as being the most common and impactful barriers in Indiana Mental Health Systems. Alongside the barriers identified by commission members, the collected community responses from the IRC survey are presented numerically. These paired responses were then grouped by their relevance to priorities identified during the first IBHC meeting and sorted accordingly. This document is meant to support the integration of the priorities of the IBHC, IMHS challenges and barriers, and consumer experiences navigating IMHS to ensure the focus and forward momentum of the Commission.

This abridged version is a pared down presentation of the Commissioner Survey Results document meant to provide a high level overview of trends of the IBHC Survey.

Bolded responses appear more than once on the table. A response followed by an italicized number (i.e. "*(n)*") indicates that the response was mentioned "n" number of times by IRC Survey respondents.

Identified Priorities	Mental Health Systems	Access to Mental Health Systems	Mental Health Systems Providers	Mental Health Systems Funding
Increased county council involvement in Stepping Up Initiative	• History with carceral system barriers *(2)*			• Lack of funding for jail/prison-based services
Workforce shortage of mental health professionals	• **Generally inadequate number of providers** *(2)* • **Lack of persons with lived experiences engaging clients and part of clinical team**	• **Generally inadequate number of providers** *(2)*	• **Generally inadequate number of providers** *(2)* • Burdensome certification, regulation, credentialing, and accreditation requirements • Inability to diagnose at LCSW, LMHC, and LFMT levels • **Noncompetitive pay** • Lack of diverse providers	• **Noncompetitive pay** • **Lack of persons with lived experiences engaging clients and part of clinical team** • **Low reimbursement rates**
Lack of psychiatric services	• **Lack of consistent access across the state** *(5)* • **Lack of preventative and early intervention services**	• **Lack of consistent access across state** *(5)* • **Lack of preventative and early intervention services**	• **Lack of consistent access across state** *(5)* • **Lack of programming focused on addressing Social Determinants of Health (SDoH)**	• **Lack of funding into early intervention and preventative services**
Ease in treatment access at all levels	• **Complicated insurance regulations/ restrictions** *(11)* • **General lack of insurance coverage** *(6)*	• **General lack of insurance coverage** *(6)* ◊ **Complicated, bureaucratic admission criteria and commitment procedures** • Lack of transportation *(5)* • Stigma/discrimination from providers *(2)*	• **Lack of consistency in integration sites vs. private practice vs. CMHCs** • Insufficient number of inpatient beds	• **Lack of programming focused on addressing SDoH** • **Insurance issues**
Expansion of services to those experiencing a mental health crisis	• **Limited emergency inpatient availability/psychiatry for mental health crises** • Current lack of crisis response/ mobile crisis teams and associated reimbursement models	• **Limited emergency inpatient availability/psychiatry for mental health crises**		

Identified Priorities	Mental Health Systems	Access to Mental Health Systems	Mental Health Systems Providers	Mental Health Systems Funding
Financial sustainability	• **Lack of and/or inadequate funding for services** • **Low reimbursement rates** • Medicaid barriers	• **Lack of and/or inadequate funding for services** • Lack of awareness of available resources and programs *(2)* • **General issues obtaining reimbursement**	• **Lack of and/or inadequate funding for services** • Lack of awareness of available resources and programs *(2)* • **General issues obtaining reimbursement** • **Low Medicaid reimbursement rates**	• Inadequate state budget, federal support, and local/corporate matching • **General issues obtaining reimbursement** • **Low, stagnant Medicaid reimbursement rates** • Medicaid is basically the sole funder of public mental health • Funding system convoluted • Community health systems underfunded
Services across the full spectrum of needs	• Crisis continuum needs to be built out *(1)* • **Siloing and lack of integration between ID/DD, mental health, SUD, and chronic health conditions** • Insufficient amount of inpatient/step-down beds	• **Siloing and lack of integration between ID/DD, mental health, SUD**		• Lack of funding for innovative treatments
Increase in leveraging of technology		• **Lack of technology/internet connectivity in rural areas**	• **Lack of technology/internet connectivity in rural areas**	• Constantly changing and complicated telemedicine requirements
Expansion of supportive housing		• Housing first *(4)*		
Outcome and treatment collections equity and standardization			• Lack of centralized credentialing • **Lack of consistency in integration sites vs. private practice vs. CMHCs** • Lack of access to/use of evidence-based practices	• Catchment areas outdated model
Misuse of emergency departments for mental health and addiction related crises				