



# Indiana Behavioral Health Commission

[www.in.gov/fssa/dmha/indiana-behavioral-health-commission](http://www.in.gov/fssa/dmha/indiana-behavioral-health-commission)

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Indiana Behavioral Health Commission

Overall Mental Wellbeing Subgroup

June 8, 2021– 11:00 am – 12:30 pm EDT

Livestream Recording: <https://www.youtube.com/watch?v=eJNJC4tl67g>

## Minutes

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

### Previous Meeting Minutes Review

- *Minutes approval and edits*
  - Motion for approval by Ray L.; Seconded by Brooke L.; unanimous approval; minutes finalized by Jay C.
- *Previous meeting action item review and updates*
  - *Research on state Medicaid models including housing support*
    - Massachusetts Medicaid pays for supported housing for individuals with serious mental illness // Jay C.
    - Open discussion
      - Expressed support for a housing first as harm reduction model, as an individual who previously experienced homelessness // Ray L.
      - Discussed article with Monica Oss with Open Minds national behavioral health consulting firm – it is expected of Managed Care Entities (MCEs) to have address Social Determinants of Health (SDoH) as part of health outcomes for Medicaid recipients – **article to be shared** // Barbara S.
        - If MCEs are to pay for housing, they have to be in sync with Medicaid reimbursement requirements
        - Aspire has discussed piloting housing where they pay for claims; ER costs exceed monthly rental costs
    - Move for recommendation to Commission as a whole: Indiana Medicaid should explore supportive housing as part of Medicaid dollars; interest in keeping recommendation as “housing as healthcare” // Jay C.
      - Motion for vote by Barbara S.; Seconded by Ray L.; unanimous approval; motion to recommend carries
  - *School system mental health curriculum*
    - Informal presentation of mental health curriculum in Hamilton Southeastern (HSE) County schools and relevant national conversations regarding children’s mental health and education // Brooke L.
      - Research shows that children experiencing mental distress (lack of support, feeling unsafe or unsupported, struggling with mental health, etc.) struggle with academics and learning
      - Curriculum generally in two pieces
        - Intermediate grades focus on mental health literacy and how to talk about, recognize, and understand mental health



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- Suicide prevention curriculum taught in health at 8th grade and high school level: what are risk factors and warning signs? What do I do when I have a friend showing these? Want students to know they don't have to keep those things secret, and they can tell adults in the schools
- Social Emotional Learning (SEL)
  - HSE teaches SEL in K-12 - recognizing and naming feelings; coping with uncomfortable feelings; problem solving; empathy; understanding good relationships; etc.
    - Teachers appreciate common language to speak about mental health
  - Children versed in SEL shown to have increased resiliency in facing mental health challenges
  - Has been a source of controversy – IBHC needs to take an explicit statement indicating full support of SEL curriculum // Jay C.
  - Bethany E. invited to explain promulgation of SEL
    - Project AWARE through Department of Education now has 11 partnerships across the state
    - Focused on advancing wellness and resilience in education using a multi-tiered system of support model that focuses on building more intensive supports based on risk factors and needs
- Idea of specific curriculum – variance of what works in different districts // Jay C.
  - There is no “canned” program that meet the needs of all students; understand the needs of students and district first then find and tailor an evidence-based curriculum to fit those needs // Brooke L.
- Two main goals across both tracks (*see 4/20/2021 Meeting Minutes for Track definitions*) // Jay C.
  - T1 – Given controversy around SEL, take a public, explicit position in a written statement before next legislative session
  - T2 – Identify specific policy recommendations to support implementation across the state
    - Gave support for SEL as a main framework from both a mental illness and trauma perspective; recently wrote a piece for Noblesville schools as they sought referendum money – writing to be shared with group // Barbara S.
      - Mental illness perspective: Issues with executive dysfunction skills can be assumed to be attributable to mental illness; should exercise restraint in labeling students - who can effectively learn executive functioning skills within SEL framework – with mental illness
      - Trauma perspective: Children may be experiencing symptoms of mental distress or a decline in mental skills that do not necessarily reach the point of mental illness; an increase in depressive symptoms may not point to a diagnosable illness and may be better handled through SEL
  - Re: addressing resistance to SEL, how can we highlight a prevention-focused narrative in or recommendation? // Rachel H.
    - Consider Adverse Childhood Experiences (ACEs) and the efficacy of a single intervention on diverting one's life trajectory to more positive outcomes
    - Learn from public health in a post-COVID response world and increased public understanding of immunization; frame SEL as immunization against more severe life trajectories // Barbara S.



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- Take lessons from opioid/crack epidemic; be aware of warning signs and act proactively as an investment in the future // Rachel H.
- Need to teach children the warning signs and equip them with necessary skills to speak up; can be used to catch the “quiet implosions” // Mimi G.
  - What are the cultural implications? Who is making the decisions of what is looked at and how we identify who is and is not at risk? // Sharon B.
    - Equity and cultural competency need to be included within statement // Jay C.
- We have separated physical and mental health – anyone can learn mental health skills, just as with the physical // Brooke L.
  - Understanding mental health is key to a successful future including employability; executive functioning skills necessary to be a good employee.
- Motion made to craft a statement in support of SEL to present to overall Commission // Jay C.
  - Seconded by Brooke L.; unanimous approval; motion carried
  - Draft statement will be made by DMHA staff
- *Mental health literacy*
  - [“What is Mental Health Literacy”](#) video presented by Barbara S. and followed by open discussion
    - 9-minute version was presented; 3-minute “teen version” also available on Be Well website
    - Indiana needs common language to discuss mental health that speaks to the full spectrum from no distress/no disorder to mental illness requiring treatment; need to normalize experiencing distress that may require support, but does not necessitate traditional treatment // Barbara S.
    - Video could be useful for orientation of new behavioral health employees to break down the spectrum and begin the conversation // Mimi G.
    - Mentor Dr. Fred Frese, former Marine and living with Schizophrenia, speaks to successful self-management of mental illness as understanding and having awareness of one’s illness and being the architect of one’s own experience. Expressed support and belief in a whole health model of treatment – integrate the physical and the mental. Believes in bringing in people with lived experience into the treatment space as well as more recovery specialists // Ray L.
    - Re: language – the experience of mental health is universal; everyone lives somewhere on the spectrum at any given time. The issue is twofold: ignorance of how to talk about it prevents proper management and fear of offense/stigmatization/”saying the wrong thing” prevents any meaningful discussion. Early intervention and shame reduction is key. // Rachel H.
    - Would like to formulate motion for the state to resource mental health awareness and education campaigns that address mental health literacy in support of normalizing all levels of mental health experiences // Barbara S.
      - Need more discussion of what it would look like. In Fishers we’ve realized that those who most need to hear it are not likely to engage with educational materials and opportunities. How do we reach those who most need it? // Brooke L.
        - *(Clarification requested by Barbara S. on who is unlikely to see)*
          - Students who struggle with mental health/depressed mood will hear from parents “What do you have to be sad about?” and demonstrate little understanding of how mental health functions. Education attempts in the form of “Parent Nights” are sparsely attended.
          - What is most effective method to reach people such as these parents?
        - National Alliance on Mental Illness (NAMI) Indiana Chapter does “In Our Own Voice” speaking events across the state. The more that take place 1) the



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more people will come out to participate and 2) the more conversation will be drummed up // Ray L.

- Need to look at marketing culture (US and internationally) around disease states (i.e. Susan G. Koeman and celebrity partnerships for breast cancer awareness and pink ribbon campaigns) to see how to frame mental health approachably // Barbara S.
- How does this relate to the BHC and how do we use the BHC's platform to make progress? What can be recommended? // Jay C.
  - Recommend the state engage in stigma reducing messaging; stigma reduction is a component in addressing many major gaps in treatment // Barbara S.
    - *From the chat* Similar to the Know the Facts Campaign // Bethany E.
    - A multi-pronged approach is necessary // Ray L.
    - Exploring partnership with Indy Colts and their current campaign. The effectiveness of the Know the Facts campaign is that it doesn't look like a government campaign // Jay C.
      - Messaging needs to look "cool" // Barbara S.
      - Recommendation can be that the state needs to engage with the private sector, business community, and grassroots organizations to create a broad, multi-faceted stigma reduction campaign // Jay C.
        - Conversation in Fishers, if I'm business owner and want to promote mental health among my business where do I start? A good place to start is partnering with organizations doing the work (such as NAMI) // Brooke L.
        - Could be made a grant requirement that there has to be resource put toward community awareness // Mimi G.
        - More conversation needs to be had to turn this into a T2 recommendation.
  - We recommend further exploration of mental health awareness and literacy with the intention of making final recommendation in final report
    - American Psychological Association does a psychologically healthy workplace award, IN Psych Assoc tries to give an award each year – could see the commission doing something similar // Sharon B
      - table that for future discussions // Jay C.

## Action and Recommendation Discussion

- *Name and define list of Track 1 and Track 2 recommendations that will be made/worked on*
  - T1
    - Mental health literacy
    - Medicaid housing support
  - T2
    - SEL

## Next Steps



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- *Prepare report out to Commission at large*
- *Identify speakers/topics for future meetings*
  - SDoH
  - Trauma
  - APA Psychologically Healthy Workplace Award
  - Stigma reduction
  - ACE Interface training
    - Serrilla Blackmon is potentially involved – Bethany E. to touch base
    - David Westenberger to potentially present
- *Action Item/Motions Recap*
  - Indiana Medicaid should explore supportive housing as part of Medicaid dollars in the interest of housing as healthcare
  - The DMHA staff of the Overall Mental Well Being subgroup will craft a statement in support of SEL curriculum in schools to present to the larger Commission

## Future Subgroup Meetings

- *Next Meeting Date*
  - To be decided – final meeting before report out to Commission

## Addendums

- A) *Language Matters: The Importance of Using The Right Words When We're Talking About Mental Health* handout created by [TeenMentalHealth.org](http://TeenMentalHealth.org)
- B) *Mental Illness vs Mental Skills* written by Barbara Scott, LCSW, MBA