



Indiana Behavioral Health Commission

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BxHealth.Commission@fssa.IN.gov

Indiana Behavioral Health Commission

Overall Mental Wellbeing Subgroup

August 13, 2021– 10:00 am – 11:30 am EDT

Meeting Recording: <https://www.youtube.com/watch?v=RXaxp9B2H68&t=980s>

Members Present Ray Lay Mimi Gardner Bethany Ecklor
 Jay Chaudhary Rachel Johnson-Yates Alexis Pless

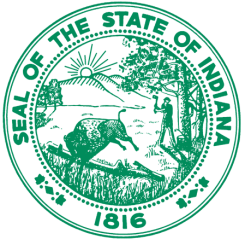
Minutes

Previous Meeting Minutes Review

- Minutes approval
 - **Motion to approve** // Ray L.
 - Seconded // Mimi G.
 - Unanimous approval; minutes approved
- Previous meeting action item review and updates
 - Research on state Medicaid models including housing support
 - Avenues exist to submit waivers to support housing through Medicaid program; can be as simple as recommending such
 - **Recommendation:** FSSA should explore and adopt vehicles to pay for housing support and other social determinants of health issues through the Medicaid Program
 - **Motion to include recommendation in report out**
 - **Seconded;** advocacy based on previous history facing homelessness // Ray L.
 - **Unanimous approval; recommendation passed**

Recommendation Discussion

- Continue discussion of Commission version of Psychologically Healthy Workplace Award (*Discussion moved to end*)
 - What would this look like? Is it a good idea? Good use of Commission's platform? Would it get political or distracted? // Jay C.
 - Could be distracted; how to determine a psychologically healthy workplace? // Mimi G.
 - Final report is most important product of the IBHC and will be taken very seriously by the Legislature. Extraneous endeavors may not be the best use of the time constrained IBHC. // Jay C.
 - Regional matter. // Mimi G.
 - Can be done without the IBHC. // Rachel J. -Y.
- Finalize recommendations
 - Mental Health Literacy (MHL)



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- Recap of MHL: A coordinated and intentional effort to educate and inform public at large throughout lifespan to recognize, understand, and seek support for mental health and remove stigma to move toward normalization. // Jay C.
 - Took [the video](#) and incorporated it into orientation – fit nicely into integrated health model. Staff responded well. // Mimi G.
- Aim is to incorporate sectors and disciplines where it may be a leap to incorporate MHL. To frame as a recommendation to be further fleshed out: “State should work with multi-sector organizations to support MHL information in as many throughout multiple systems.” // Jay C.
 - We interact with police, school systems, child welfare, we are definitely having conversations that they need to be more aware of this with the people who come into them, also need to be trauma-informed. // Mimi G.
 - Do we name those systems? Employer groups? // Jay C.
 - Need to include patients and importance of self-psychoeducation; when I was first diagnosed, no one even told me what it was. I had to find that out myself at a very high price, patients should be included with that statement. // Ray L.
 - Be intentional about considering the audience and making sure that the language we use is something that we are intentionally connecting with the audience we serve, culturally competent with all the intersections. Need intentional marketing and outreach at the community level to get people talking outside of “ourselves.” // Rachel J. -Y.
- **Recommendation:** The state should promote mental health literacy by:
 - (a) working with various sectors including, but not limited to, child welfare, criminal justice, school systems, employer groups, and other relevant entities to adopt and implement culturally competent and responsive MHL curriculums, trainings, and monitoring practices throughout multiple systems
 - (b) creating community-level marketing campaigns **including messaging focused on those with lived experience and/or currently in recovery**
 - **Motion to approve** // Jay C.
 - **Second** // Ray L.
 - **Unanimous approval; recommendation passed** (*Recommendation passed without inclusion of subsequent addition*)
 - Medicaid housing supports *Discussed above*
- Floor opened for discussion of substantive topics not yet addressed // Jay C.
 - Targeted Hoosiers experiencing MH symptoms and those who are hospitalized; psychological health and recovery presents differently person-to-person. Figure out how to illustrate recovery in diverse presentation to hospitalized individuals to get them motivated about their own recovery. // Ray L.
 - Work with individuals being served by the system to turn them into advocates for MHL of their own? // Jay C.
 - Help create them into self-advocate; help them to illustrate and model recovery // Ray L.
 - Peers and peer recovery within the hospital system? // Rachel J. -Y.
 - Inside and bring it outside of the hospitals and into the CMHCs. // Ray L.
 - Development and encouragement of a more robust peer support system. // Jay C.
 - A peer-focused marketing program focused on institutionalized Hoosiers // Ray L.



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- Clearer conceptualization of previous advocacy with using language of the people we serve, best coming from folks with lived experience, targeted locations throughout the state // *Rachel J. -Y.*
- Richmond State Hospital training years ago, received very well, probably because I had worn their shoes, seen this happen at the inpatient unit at New Castle correctional facility, like Know the O can help people accelerate their own recovery, same thing could be for folks with their own mental health in the system. // *Ray L.*
- Could build that into first recommendation) of mental health literacy(*see italicized inclusion*), explicit peer inclusion, making it clear that culturally competent includes the voices of those with lived experience // *Jay C.*

Next Steps

- Prepare report out to Commission at large

Future Subgroup Meetings

- Determine future of subgroup work
 - Wait and see how next full commission meeting goes, probably need another meeting to flesh out our recommendations, but need to wait until we present to the full commission; we will meet soon after the September commission meeting, so that the group has a chance to hear and react to the recommendations we present. // *Jay C.*