



Indiana Behavioral Health Commission

www.in.gov/fssa/dmha/indiana-behavioral-health-commission

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The Indiana Behavioral Health Commission: Next Phase

In the interests of moving the work of the Behavioral Health Commission forward, in what will continue to be a challenging environment for collaboration, the DMHA Behavioral Health Commission team presents the following proposal for the next phase of the BHC's work.

There were three primary sources that went into the analysis underpinning this proposal: (1) The BHC authorizing statute; (2) surveys of Commission members, and (3) conversations with stakeholders, including Commission members and people involved with the creation of the BHC.

We propose dividing into the following workgroups. Each group will be responsible for an "assessment and inventory" of their tasked area, and for reporting back to the Commission as a whole. The exact timelines, as well as the mechanics of dividing into the groups will be discussed at the 2/26/21 BHC meeting.

The proposed workgroups are:

1. Children/Families

- This group will analyze the various systems that serve Hoosier children with behavioral health needs, including, but not limited to (1) school-based programming and integrated services, (2) preventing and treating ACEs/trauma, (3) rapid access to high quality early intervention, integrated care and treatment options for children, and (4) supports for families of children with complex behavioral health needs. This group will need to coordinate with the Mental Health working group of the Indiana Children's Commission.

2. Overall Mental Well Being

- Many inquiries into behavioral health focus on the treatment and outcomes for people with identified and serious behavioral health issues. This group will focus on another aspect: the overall mental health and well being of Hoosiers. This will include a focus on prevention, social emotional learning, stigma reduction, awareness, public education, and other areas that the group determines.

3. Suicide Prevention/ Crisis

The Commission is established by Indiana Code 12-21-7.



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- This group will be tasked with examining and suggesting improvements to Indiana's suicide prevention and crisis response infrastructure. This will include an examination of the new federal 988 initiative, innovative models to respond to and prevent crises (paramedicine, mobile crisis, follow-up after a crisis, etc.), and other areas that the group determines.

4. Equity and Workforce

- There are significant inequities with Behavioral Health access and outcomes in Indiana. This group will examine those inequities through several different lenses, including (1) Racial/Ethnic disparities; (2) socioeconomic disparities; and (3) rural access. This group will also examine ways to increase the number of mental health clinicians in Indiana.

5. Continuity of Care to Better Serve the Citizens of Indiana

- This group will examine the behavioral health system through the eyes of a person's journey through various aspects of that system, with a focus on identifying significant gaps, barriers and opportunities to integrate and/or coordinate care throughout the continuum of care. The goal is to create a user-friendly system that significantly improves current outcomes by providing rapid access to high quality prevention, early intervention and treatment as early as possible in the disease progression.

6. Criminal Justice Interface

- When the behavioral health system does not effectively prevent and treat people with mental illness and addiction, people end up in the criminal justice system. This group will examine those linkages and make recommendations. This group should coordinate with the Indiana Justice Reinvestment Advisory Council.

These groups cannot and should not operate in siloes. The DMHA team will be tasked with keeping track of each subgroup's work and figuring out when it makes sense to merge discussions, etc.



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Each workgroup will have a significant degree of autonomy to perform their tasks. However, in order to reflect the mandates of the BHC authorizing statute, each group must perform an assessment of (1) Funding (Block grants and other federal funding, state dollars, local tax revenue, Medicaid, private insurance, philanthropy, and other sources of funding), (2) Rapid Access to High Quality Care, and (3) System Design. Other potential areas of assessment include:

- Data
- Integration with other systems and going to where the people are who need prevention, early intervention and/or treatment
- Recovery Supports, Social Determinants of Health and the Whole health model
- Administrative burden/red tape
- Utilization of Technology
- Strategies designed to encourage collaboration, transparency, and innovation in mental health care delivery