

Indiana Behavioral Health Commission

Member Survey Questions, Purpose, and Responses

Section One – Questions and Purposes Only

Q1-3 - Identify Commission Members Experience and Priorities*

1. In which of the four areas below that the Behavioral Health Commission is required to report on do you feel your role and experience best aligns? (Please check all that apply.)
2. The Behavioral Health Commission will assess and evaluate the following 'behavioral health' issues in Indiana specifically: suicide, mental health conditions and disorders, substance use disorders, and childhood trauma.
3. The Behavioral Health Commission will assess and evaluate the following mental health issues specifically: suicide, mental health conditions and disorders, substance use disorders, and childhood trauma. (Based off this full list which area do you have the most expertise in either professionally or personally).

Q4-7 - Identify Barriers

4. Based off of your personal experience and observations please describe three barriers related to *Mental Health Systems in Indiana* that you are aware of.
5. Based off of your personal experience and observations please describe three barriers related to *Accessing Mental Health Systems in Indiana* that you are aware of.
6. Based off of your personal experience and observations please describe three barriers related to *Mental Health Providers in Indiana* that you are aware of.
7. Based off of your personal experience and observations please describe three barriers related to *Funding for Mental Health Systems and Providers in Indiana* that you are aware of.

Q8-13 - Identify Commission Members Experience and Expertise

8. For which of the following areas would you be interested in exploring evidence-based practices?
9. Are you familiar with whole health models and/or integrated care paradigms?
10. Are you familiar with value-based systems in behavioral health models?
11. Are you familiar with Indiana's 2018 School Safety Recommendation Report?
12. Do you have any experience with evaluating the cost of untreated mental illness?
13. How much experience and/or knowledge do you have around evidence based preventative programs and/or treatment for youth in K-12 grade levels?

Q14-19 - Identify Commission Mission and Goals

14. What is the primary reason you chose to participate in Indiana's Behavioral Health Commission?
15. What do you hope to accomplish by participating in the Behavioral Health Commission.
16. What do you personally believe the mission is for the Behavioral Health Commission?

17. In your own words what do you understand the goals to be for the Behavioral Health Commission?

18. Are there other subject matter experts and or stakeholders within the state or community that you believe have the expertise that can assist the Behavioral Health Commission in achieving its overall goal or mission?

19. Is there anything else that should be considered at this time or that you would like to share to assist with this process?

Section 2 – Survey Responses Separated by Question

Questions 1-3

Q1 - Experience and role alignment identified by category:

- System Design and Access - 80% (13 responses)
- Assessment and Inventory - 62% (10 responses)
- Funding and Data - 31% (5 responses)
- Youth and Family - 25% (4 responses)

Q2 - Priorities identified by members in order of importance:

1. MH Conditions and Disorders
2. Childhood Trauma
3. (*Tied*) Suicide and SUDs

Q3 - Self-identified expertise by category:

- Mental Health Conditions and Disorders - 94% (15 responses)
- Suicide - 62% (10 responses)
- SUDs - 56% (9 responses)
- Childhood Trauma - 37% (6 responses)
- Other - 19% (3 responses)
 - Social Determinants of Health
 - School-based Mental Health
 - Veterans, Recovery, and Homelessness

Questions 4-7 – Barriers Chart (Appendix A)

Questions 8-13 – Members' Experience and Expertise Multiple Choice and Open-Ended Responses

Multiple Choice Responses

Q8 - For which of the following areas would you be interested in exploring evidence-based practices?

(Please select all that apply)

- Crisis Response Protocols for Behavioral Health Emergencies - 81% (13 responses)
- Early Intervention for Mental Health Issues - 75% (12 responses)
- SUD Treatment, Implementation of Whole Health Model, and School-Based Mental Health Service Programs - 56% (9 responses)
- Suicide Prevention – 50% (8 responses)
- Other - 19% (3 responses)

- Criminal Justice
- Veterans Research
- Social Determinants of Health

Q9 - Are you familiar with whole health models and/or integrated care paradigms?

- 81% of respondents identified as somewhat, very, or extremely familiar
- 19% of respondents identified as not so familiar

Q10 - Are you familiar with value-based systems in behavioral health models?

- 25% of respondents identified as having either a lot or a great deal of familiarity with value-based systems
- 75% of respondents identified as having moderate, a little, or no familiarity with value-based systems

Q11 - Are you familiar with Indiana's 2018 School Safety Recommendation Report? (*The report can be found here: <https://www.in.gov/dhs/files/2018-Indiana-School-Safety-Recommendations.pdf>*)

- 27.5% of respondents were either very or extremely familiar with the report
- 62.5% of respondents were somewhat, not so, or not at all familiar with the report

Q12 - Do you have any experience with evaluating the cost of untreated mental illness?

- 25% of respondents indicated having either a great deal or moderate amount of experience
- 75% of respondents indicated having either a little or no experience

Q13 - How much experience and/or knowledge do you have around evidence based preventative programs and/or treatment for youth in K-12 grade levels?

- 18.75% of respondents have either a lot or a great deal of knowledge and/or experience in K-12 EBPs
- 81.25% of respondents have either a lot or a great deal of knowledge and/or experience in K-12 EBPs

Open-Ended Responses

Q9 Responses

- Aspire is an integrated health system. We searched models for over a decade before deciding to become a FQHC. We have not operated as an FQHC/CMHC integrated system for 6 years. Our CMHC system has operated housing and employment services for over 2 decades. We continue to add social determinant programs as well, such as medical legal partnership, so that we really do provide whole health.
- We are early in our integrated care efforts with community partners on site providing primary care
- My colleagues have worked with these paradigms.
- Work in a federally qualified health center

Q10 Responses

- In Indiana, the MCEs really only have pilot programming relative to value-based. It is really not a true value based system.

- Met with consultants, trained leadership staff, engaged in some incentive programs, preparing data for future VBS models
- spending time looking at quality services in delivery
- I believe this is where providers would get a package based on the individual's diagnosis

Q11 Responses

- The Indiana Council was part of this document and we studied it when it came out.
- do not work in the school arena
- I've read this report and while I think it's ideal it lacks the funding for schools to be able to follow through with all of the recommendations

Q12 Responses

- We personally do not have resources for such an extensive healthcare economic research resource that this would require. However, several years ago IHEDA had a white paper that outlined this issue.
- deal with clients all the time.
- IHA member/ IHRA member both have data in this regards

Q13 Responses

- Of course, we are familiar with SEL in the schools.
- prior experience in children's system of care work
- I've been doing a lot of work in this area in our district.
- Ran EBP model for 4 years in the community
- I struggled with school from 1st grade until I was sent to a state-run mental institution.

Questions 14-18 – Mission and Goals (Unedited Responses by Question)

Q14 - What is the primary reason you chose to participate in Indiana's Behavioral Health Commission?

- severe limitation of emergency mental health care in Indiana
- I have an interest in this area
- The primary reason I chose to participate is because I would like to help influence the direction of behavioral health in Indiana. I am concerned that we are attempting to use the mental health system as the main solution to a growing demand. As my answers indicate, I believe we need a public health model to address the growing demand for 'access.' The WHO addresses this through mental health promotion for the vast majority, prevention through addressing social determinants (improving conditions of everyday life that provide protective factors) for the growing common mental disorders such as anxiety/depression (we must decrease the prevalence of these common disorders) and improving treatment for those at highest risk for mental illness and chronic addiction. I am also concerned that without intentional long term planning of our Indiana CMHC safety net system, it will be unintentionally designed through unchecked competition, and ultimately there will be gaps in service throughout the counties.
- I believe that we are entering a time of qualitative and quantitative change for MH/SA services. I believe that a solid approach to prevention, intervention, and recovery is possible but a fair amount of disruption may need to occur to get there. I want to advocate for needed change and hear from other to learn what I don't how. And I love thinking about systems!

- Being at the table to discover and recommend innovative change that will be lasting and impactful for the state of Indiana. Using my front line experience of 20+years to inform
- My experience as a legislator in this space.
- I have several reasons, but one is to assure that the needs of members of oppressed groups are not forgotten as we work to improve treatment opportunities in Indiana.
- To assist with changes that will provide easy access to care for our most vulnerable patients and criminal-justice reform to focus on treatment instead of incarceration for patients with SMI and SUD.
- The desire to see a comprehensive reform of our current mental health system.
- My role at IDOE goes hand in hand with this work.
- discussion about pertinent issues Ability to provide advocacy for substance use disorders
- I care greatly about the mental health of all Hoosiers and believe that we can do better as a state to have better outcomes.
- Have been leading a community wide initiative around mental health for the better part of a decade.
- To move Indiana forward (and comparable to other States) in the treatment of the mentally ill as well as to address the workforce shortages
- To be part of an effort to improve the behavioral system of care in Indiana.
- I am a person with lived experience with mental health/substances and behavioral health issues along with criminal justice involvement. I was homeless over 10 years but now I am a homeowner, business owner, an Indiana certified Recovery Specialist and veteran Peer Support Specialist.

Q15 - What do you hope to accomplish by participating in the Behavioral Health Commission.

- impact emergency mental health care for the good of the patients and their emergency caregivers
- I really hope to learn the ins and outs of this space so I can better advocate for my constituents.
- My biggest hope would be that the stakeholders on the commission find common ground and come to a common understanding of what are the best recommendations we could give the Governor. This means special interests and passions, while they can be voiced and heard, do not compete for a place on our list of recommendations. Rather, we agree on the best set of recommendations for our State and not ourselves. We won't be able to accomplish everything that gets discussed, however, we could get far if we identified what is urgent, what needs to be put in place for prevention, and what are our current infrastructure needs to improve our current mental health system.
- Learning from others what I have yet to see in our current system. And create dialogues that are open to change.
- Grow in knowledge and development of partnering providers to MH care and how each system can influence each other for more integration and innovative change
- Build awareness and help craft a strategy for possible legislative action that is cognizant of current budget constraints.
- I hope to see more access to treatment in rural communities, and among oppressed groups. I also hope to see better funding, and consistent funding, for practitioners as they try to do their jobs.
- Contribute to the discussions of the above issues and begin to make state-wide changes.
- A comprehensive restructuring of our mental health system.
- eliminating barriers
- Change and identification of issues with problem solving and solution orientation

- I hope that we are able to study the behavioral health system in IN and make recommendations for improvements and in turn serve those struggling with mental health challenges better.
- A true evaluation of the current state of our mental health system.
- Legislative changes to address workforce shortages, appropriations for programs that have proven effective
- The Commission will provide a blueprint and recommendations to improve the state's public mental health and addiction system of care.
- Better lives for persons experiencing issues.

Q16 - What do you personally believe the mission is for the Behavioral Health Commission?

- To assess the current state of mental/behavioral health and its care as well as substance abuse and its care, and then make recommendations to the Governor on needs and ways to improve it for the citizens of Indiana.
- I believe the mission is to take a holistic approach to analyze mental health of our state. My hope is that we can indicate the barriers and then begin to break them down
- Creating a path forward for how the State of Indiana will ultimately see the future behavioral health needs of our residents; and thus support an approach that not only meets current and growing needs, but decreases the actual prevalence of need.
- To have candid dialogues about our current system(s) and hear from a variety of perspectives--to ultimately set the stage for evolution of the system(s)
- Improve systems in Indiana that will impact prevention, early intervention, treatment, and crisis response in the broad arena of MH
- Assist the legislative and executive branches of state government craft a comprehensive long term strategy. Moreover, incorporate community and corporate partnerships.
- To examine the breadth and depth of the mental health system in Indiana, and develop a strategic plan to do better - for individuals and for the system at large.
- Improved treatment and access to care (breaking down barriers).
- To review and evaluate our current mental health system and provide recommendations for improvements.
- to support Hoosier youth
- to discuss stigma issues, funding, and evidence based processes
- I don't believe my answer to this question would be different than what I have explained above.
- To drive markedly better outcomes for states population regarding mental health.
- To advance Indiana in the care of Hoosiers impacted by behavioral health issues and assure providers are able to practice to the fullest extent of their scope of practice
- To create a blueprint and recommendations to improve the state's public mental health and addiction system of care.
- To seek out avenues to help Indiana citizens experiencing Behavioral Health issues live a better life.

Q17 - In your own words what do you understand the goals to be for the Behavioral Health Commission?

- To Assess the "state" of: Mental/behavioral health in Indiana Care of the above, as well as substance abuse care 2. Recommend actions to improve this to the Governor
- I believe the goal of the BHC is to get a better understanding of what's happening in our State. Once we get a handle on that, then it is my hope that we can start making solutions so that we can

begin to chip away at the barriers. I believe more people should access mental health care. But we need qualified people to do so. How can we make it easier for folks to go back to school to earn the credentials necessary. Then, we need to make access better so folks don't have to wait months to see someone. Once they do, we need to make it affordable to him/her. Many folks would like to see someone but cannot afford to do so.

- There were many activities identified in the bill, such as reviewing, evaluating, inventorying, etc. Ultimately, it is my understanding that at the end of the two years, the Governor wants the following: 1. recommendations for funding priorities and funding levels for mental health programs and services in Indiana. 2. recommendations for improving Indiana's current assessment and data system 3. recommendations for implementing the 2018 IN School Safety Report, with steps for increasing access to prevention EBPs 4. recommendations for improving access to behavioral health services across Indiana 5. recommendations for options to develop, improve, and implement crisis response protocols for behavioral health emergencies 6. recommendations and strategies that encourage collaboration, transparency, and innovation in mental health care delivery.
- make recommendations in key areas as set by the legislature
- Assess current state of systems related to MH care and make recommendations to improve systems to impact issues such as: suicide, incidence of trauma, onset of SUD, rapid access to care
- Same answer as previous question.
- examine the current state of mental health treatment in the state; examine the needs of our people; help set a blueprint for Indiana's future opportunities for evidence based, affordable treatment; perhaps serving as a model for the rest of the country.
- Taking a comprehensive look at preventative programs, access to care, barriers to care, and amount of resources for treatment in Indiana and make recommendations for improvement.
- To evaluate the current system and provide a series of recommendations to improve it.
- To eliminate barriers for Hoosier youth and families for access
- Yes I do understand the goals of the commission and 100% of the goals
- I believe the Commission was created to critically examine the mental health system in Indiana and make recommendations around removing barriers and making improvements so that hoosiers have better access to treatment and better treatment outcomes.
- To evaluate the state's current mental health systems in Indiana and develop set of recommendations to improve them.
- Make recommendations to the legislature and Governor's office regarding the needs for the State of Indiana in regards to behavioral health and addiction
- To create a plan and recommendations to create and improve a comprehensive system of behavioral health care in Indiana
- To help our fellow citizens and therefore all the citizens of Indiana

Q18 - Are there other subject matter experts and or stakeholders within the state or community that you believe have the expertise that can assist the Behavioral Health Commission in achieving its overall goal or mission? (Names, job titles, and other identifying information have been redacted to protect the privacy of the individuals mentioned)

- I believe [SME] should be invited to the table as FQHCs have a role in meeting mental health needs as well.
- You need financial/business people on this group; Clinicians/Advocates can set the vision but at the end of the day the operation/fiscal stability component needs to be at the table also

- Forensic Psychiatry Knowledge

Q19 - Is there anything else that should be considered at this time or that you would like to share to assist with this process?

- Just let me thank you for this opportunity. I have prioritized this assignment with my board of directors, so if you need me to do anything additional than attendance at meetings, please do not hesitate to reach out to me. I am serving on both boards of ICCMHC and IPHCA and can use them as a resource.
- Excited to participate. Lots that I have not mentioned but looking forward to next meeting
- I like the approach of a diverse team to include consumers and their families, as well as partnering systems such as school, police/sheriff, primary care, billing systems, etc.
- I would suggest considering and making recommendations for systems change in regards to: Medicaid and incarceration CIT plus/racial injustice Recovery Works funding and expansion to include misdemeanors Employment/treatment programs like Belden Comprehensive strategy for Telehealth, including connections to medications and other services Expand comprehensive care like CARCs, CCBHC Parity implementation MH in schools MH treatment for individuals with ID/DD/ASI Cig/Alcohol tax increases
- I have experience creating and running jail diversion programs as well as specialty courts.
- I would suggest considering and making recommendations for systems change in regards to: Medicaid and incarceration CIT plus/racial injustice Recovery Works funding and expansion to include misdemeanors Employment/treatment programs like Belden Comprehensive strategy for Telehealth, including connections to medications and other services Expand comprehensive care like CARCs, CCBHC Parity implementation MH in schools MH treatment for individuals with ID/DD/ASI Cig/Alcohol tax increases