Indiana Family and Social Services Administration

Vision

All Hoosiers live in fully engaged communities and reach their greatest emotional, mental and physical well-being.

Mission

To compassionately serve Hoosiers of all ages and connect them with social services, health care and their communities.

“Where there is no vision, the people perish...”
~Solomon
Stopping by Woods on a Snowy Evening

“..The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.” Robert Frost
OVERVIEW
Interim Deputy Director, Adult Mental Health - Eric Heeter, Sr., MSW, MBA

- Adult 1915(i)
- Suicide Prevention
- Primary Care Behavioral Health Integration
- Projects for Assistance in Transition from Homelessness
- Adults with Mental Illness and Co-occurring Disorders
- Most Services Provided
- Collaboration Activities
- Adult Services Priorities (MHBG)
“KEEP THE DREAM ALIVE”

DMHA and Indiana Council of Community Mental Health Centers, Inc. Collaboration

“Keep the dream alive don’t let it die. Every victory comes in time. Work today to change tomorrow. Every step you take gets you closer to your destination. Keep the dream alive don’t let it die. ~Yolanda Adams
OVERVIEW
Bureau Chief, Adults with Mental Illness and Co-occurring Disorders

• SAMHSA’s Mental Health Block Grant (MHBG) funds
• Disaster Mental Health Preparedness and Planning
• Neighborhood-Based Community Service Program
• NASMHPD’s Transformation Transfer Initiative (TTI) competitive award
• PASRR
HIGHLIGHTS

MHBG

• 10% set-aside for treatment of early psychosis
• Deaf Services - new RFF for SFY21
• Depression and Bipolar Support Alliance of Indiana (DBSAI)/Mental Health America of Indiana (MHAI)

Disaster Mental Health Preparedness and Planning

• Updating All-Hazards Plan
• Upcoming guidance for CMHCs/REST
HIGHLIGHTS

Neighborhood-Based Community Service Program

- RFF posted; submit proposals by May 10

TTI

- OpenBeds psychiatric expansion
- Right care, right place, right time

PASRR

- Contract with Ascend for Level II assessments begins July 1
- Nursing homes and hospitals will be thoroughly oriented to new workflow prior to Go-Live
OPPORTUNITIES

“The reward for work well done is the opportunity to do more.” Jonas Salk

• Don’t leave any money on the table!
• Make sure you’re subscribed to the DMHA Funding page email distribution
• Let us know how we can support you!
OVERVIEW

• Adult 1915(i)
• Project for Assistance in Transition from Homelessness (PATH)
HOME AND COMMUNITY BASED SERVICES (HCBS)

• Heightened Scrutiny Process
• Ongoing Monitoring
• Residential Setting Screening Tool
ADULT MENTAL HEALTH HABILITATION (AMHH)

• Purpose - to help individuals with serious mental illnesses maintain or sustain skills in order to allow them to be successful.

• The program was created to fill an identified gap in Indiana for individuals in need of habilitative vs. rehabilitative services.

• Future of AMHH
BEHAVIORAL AND PRIMARY HEALTHCARE COORDINATION (BPHC)

• Purpose - to help individuals with serious mental illnesses and co-occurring health issues to coordinate and manage both their behavioral health and primary healthcare needs

• There is one service (case management) with BPHC

• An individual can be BPHC approved and receive services through MRO (Medicaid Rehabilitative Option) or AMHH.

• BPHC Updates
WE WANT TO HEAR FROM YOU!

MAY 30, 2019
PROJECT FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

• SAMHSA grant - funds services for individuals with serious mental illness experiencing homelessness or at imminent risk of becoming homeless

• 12 PATH Funded Providers in Indiana

• Services Provided:
  - Substance Use Disorder Treatment
  - Community Mental Health
  - Screening and Diagnostic Treatment
  - Case Management
  - Habilitation and Rehabilitation
  - Outreach
  - Referrals for primary health care, job training, educational services, housing
PATH

Successes

• Point-in-Time Count (PIT) for Marion County has shown a decrease in individuals experiencing homelessness by 6%. Indiana University, Public Policy Institute, May 2018, pp. 1

• PATH will have its first provider conference in September 2019

Future Funding and Resources
OVERVIEW
Primary Care Behavioral Health Integration

PCBHI GOALS AND OBJECTIVES

• Increase the seamless integration of care between behavioral health (including serious mental illness and substance use disorder) and primary care
• Improve care coordination, quality, and access
• Improve population health
• Provide better health outcomes at a lower cost
• Enhance staff and consumer experience of care
OVERVIEW
Integrated Care Entities (ICE)

PCBHI ICE Cohort Launch I
Began April 2017
5 Agencies (6 sites)
1. Aspire Indiana
   FQHC/CMHC
   a. Aspire Anderson
      Anderson, IN
   b. Aspire Elwood
      Elwood, IN
2. Community Healthnet
   FQHC/CHC
   Gary, IN
3. Four County Counseling Center
   CMHC
   Logansport, IN
4. Regional (Southlake)
   FQHC/CMHC
   East Chicago, IN
5. Porter Starke Services
   CMHC/ FQHC Look Alike
   Knox, IN

PCBHI ICE Cohort Launch II
Began January 2018
6 Agencies (7 sites)
1. Meridian Health Services
   FQHC/CMHC
   Muncie, IN
2. Edgewater Health
   CMHC
   Gary, IN
3. Hamilton Center Inc
   CMHC
   Terre Haute, IN
4. Southwestern Behavioral Healthcare, Inc.
   CMHC
   Mt. Vernon, IN
5. Adult and Child Mental Health Center
   CMHC/FQHC
   a. East Ohio St.
   b. Madison Ave.
      Indianapolis, IN
6. Centerstone
   CMHC
   Spencer, IN
PCBHI - ICE CORE REQUIREMENTS

- CORE ASSESSMENTS (BEHAVIORAL & PHYSICAL HEALTH)
- INTEGRATED CARE PLANS – ACCESSIBLE TO ALL CARE PROVIDERS
- INTERDISCIPLINARY TEAM MEETINGS/TEAM HUDDLES
- TIMELY LINKAGE BETWEEN MEMBERS OF INTERDISCIPLINARY CARE TEAM
- LEADERSHIP SUPPORT – ENSURE ADEQUATE RESOURCES IN PLACE
- EVIDENCE BASED PRACTICE AND TRAINING – STAFF AND CONSUMERS
- CONSUMER ADVISORY BOARD – PATIENT CENTERED CARE
- QUALITY IMPROVEMENT – RELIAS PROACT, INDIVIDUAL AND POPULATION LEVEL
THE IMPORTANCE OF INTEGRATION

ICE site population – prevalence of chronic illness

64% SMI/SED + at least one chronic physical health condition \((n = 4205)\)

- Hypertension \(n = 1766\)
- Diabetes \(n = 1219\)
- Asthma \(n = 1219\)
DISEASE MANAGEMENT - DIABETES

DIABETES TARGET - HbA1C < 8
20% ↑ in people tested achieving the HbA1c target

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<th>JUN 2018</th>
<th>NOV 2018</th>
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<td>70.1%</td>
<td>89.6%</td>
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(One month of test results for Jun [n=294] vs. one month of test results for Nov 2018 [n=376]). Data source: Relias

DIABETES TARGET - blood pressure <140/90mmHg
4% ↑ in people tested achieving the blood pressure target

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<th>JUN 2018</th>
<th>NOV 2018</th>
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<td>85.0%</td>
<td>88.7%</td>
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(One month of test results for Jun [n=733] vs. one month of test results for Nov 2018 [n=765]). Data source: Relias
NEXT STEPS

CONTINUED COLLABORATION
- Key learnings and improvements, gaps
- Build upon work underway - work with ICE on data validation, and Key Performance Indicators
- Integrated Care conference - December 2020

IMPROVE POPULATION HEALTH
- New improved population health platform (November 2019)
- Series of webinars on the ‘how to’ of the data
- Work with providers to develop population health/disease management initiatives based on data. E.g., diabetes management program
OVERVIEW
Statewide Suicide Prevention Coordinator

• Focus to direct Indiana to a zero suicide initiative
• Promote the adoption of the Indiana Zero Suicide Framework
• Collaborates with various state agencies and community stakeholders
• Responsible for administering contracts for monitoring call response for the suicide prevention lifeline
• Responsible for providing recommendations on how the state might improve suicide prevention efforts, while maintaining a non-punitive, stigma-reducing, and holistic approach
THANK YOU

QUESTIONS?
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