



ADULT MENTAL HEALTH SERVICES

DIVISION OF MENTAL HEALTH AND ADDICTION

Indiana Council of Community Mental Health Centers, Inc.

May 09, 2019

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



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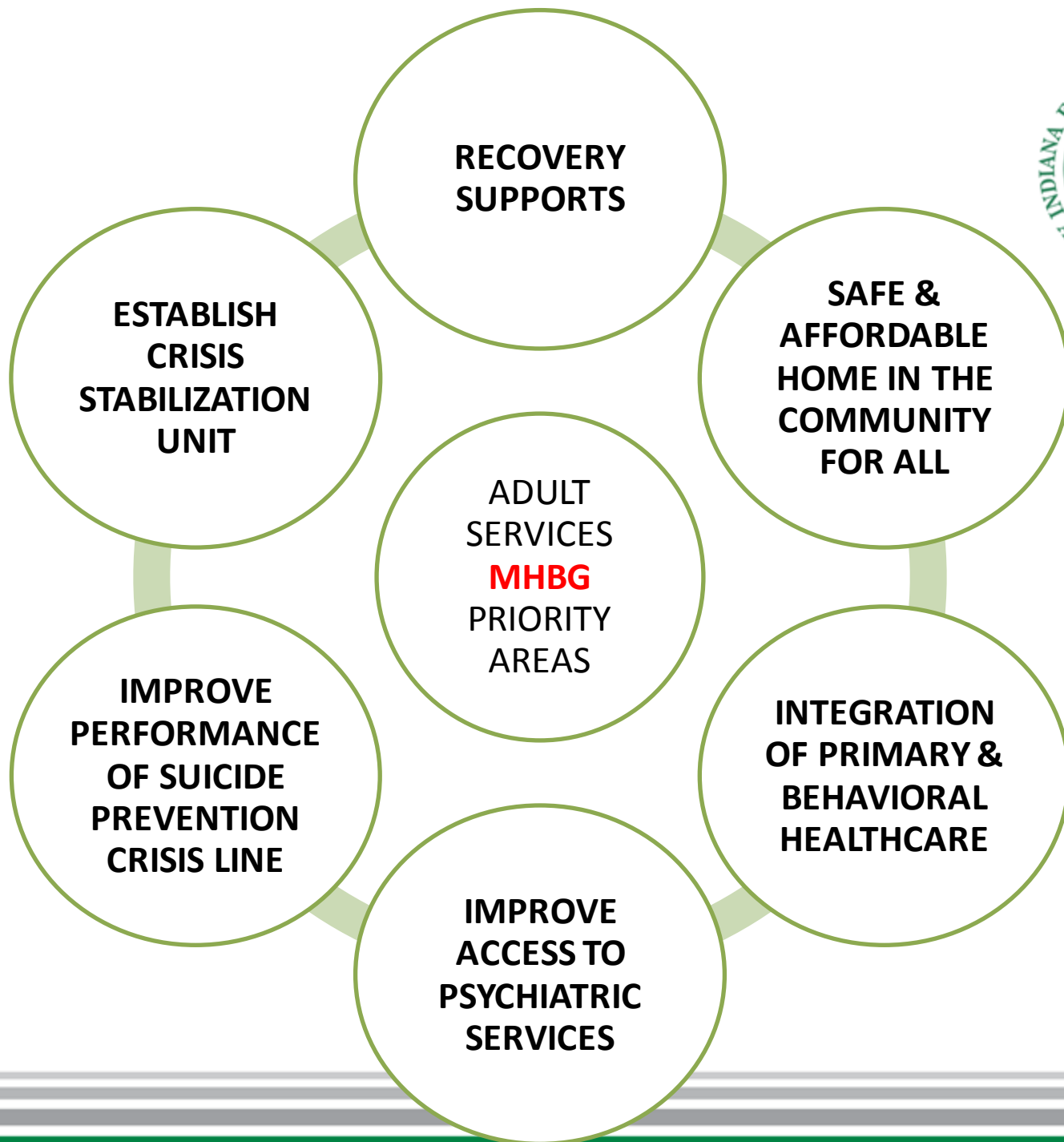
2 FTE Adult 1915(i)
BPHC Program
Specialist

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)



**RECOVERY
SUPPORTS**

**SAFE &
AFFORDABLE
HOME IN THE
COMMUNITY
FOR ALL**

**INTEGRATION
OF PRIMARY &
BEHAVIORAL
HEALTHCARE**

**IMPROVE
ACCESS TO
PSYCHIATRIC
SERVICES**

**IMPROVE
PERFORMANCE
OF SUICIDE
PREVENTION
CRISIS LINE**

**ESTABLISH
CRISIS
STABILIZATION
UNIT**

**ADULT
SERVICES
MHBG
PRIORITY
AREAS**

“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

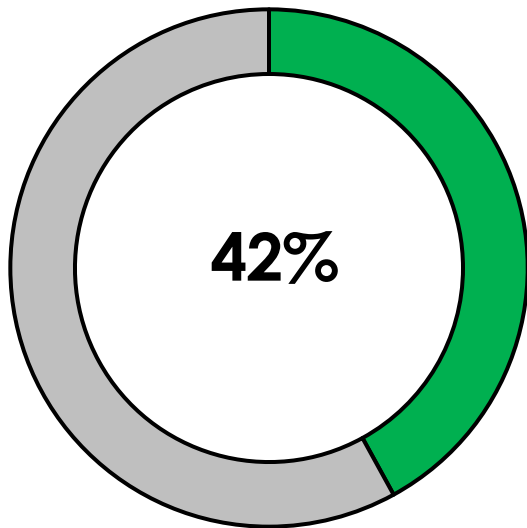
- CORE ASSESSMENTS (BEHAVIORAL & PHYSICAL HEALTH)
- INTEGRATED CARE PLANS – ACCESSIBLE TO ALL CARE PROVIDERS
- INTERDISCIPLINARY TEAM MEETINGS/TEAM HUDDLES
- TIMELY LINKAGE BETWEEN MEMBERS OF INTERDISCIPLINARY CARE TEAM
- LEADERSHIP SUPPORT – ENSURE ADEQUATE RESOURCES IN PLACE
- EVIDENCE BASED PRACTICE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

THE IMPORTANCE OF INTEGRATION

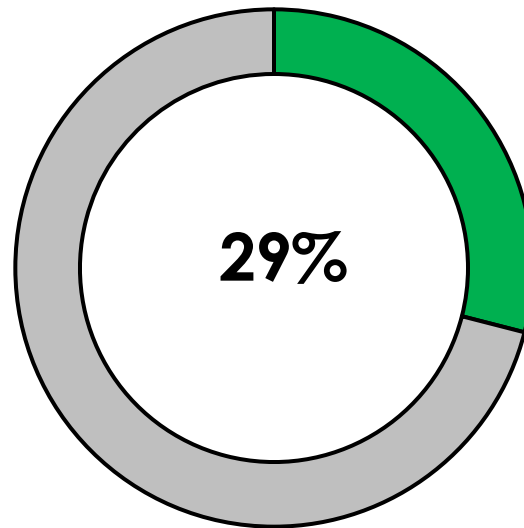
ICE site population – prevalence of chronic illness



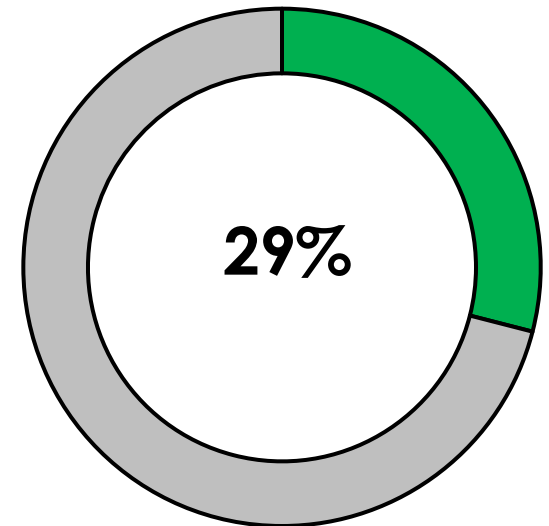
64% SMI/SED + at least one chronic physical health condition (n = 4205)



Hypertension
n = 1766



Diabetes
n = 1219



Asthma
n = 1219

DISEASE MANAGEMENT - DIABETES



DIABETES TARGET - HbA1C < 8

20% ↑ in people tested achieving the HbA1c target



(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



(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?

CONTACT INFORMATION



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