

Welcome!



SAMILY & SOCIAL

MINISTRATIO

VISION AND MISSION

DMHA VISION

An unyielding focus on promoting and supporting the mental health and wellness of the people of Indiana.

Division of Menta Health and Addiction

DMHA MISSION

To champion mental health promotion and substance use disorder prevention, treatment and recovery systems that are high quality, seamlessly integrated and accessible to the people and communities of Indiana.

#5850 May 15, 2020 3:38 pm

CORE PRINCIPLES

DMHA CORE PRINCIPLES

Our three core principles are systems that are:

HIGH QUALITY

SEAMLESSLY INTEGRATED

- · Full continuum of care
- Strong partnerships

· Functions with payer

Smooth referrals

sources

Include shared

populations

- Minimized silos

- Trauma-informed

ACCESSIBLE

 Minimal administrative burden

Division of Mental Health and Addiction

- Accessible to clients and providers
- · Easy to use
- Expedient
- Transparent
- Expedient access to care

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- Person-centered
- Innovative
- Data-driven
- Evidence-based
- Peer-driven
- · Culturally competent

Disparities in Mental Health

- African Americans with an affective disorder are more likely to be diagnosed with schizophrenia than are white patients.
- African Americans and Hispanics are less likely than whites to receive guideline-based care for depression and anxiety
- Around 10% of people who don't speak English receive the mental health care they need
- People who live in rural areas have less access to mental health services than do their more urban counterparts

https://www.cdc.gov/pcd/issues/2010/jan/09_0125.htm

The weather, politics, natural disasters, stock market, world events, bad drivers, injury or illness, actions of others,

People in my life, family, children, neighbours, co-workers,

What I read, ongoing learning What I say. My actions Where I live and work Friends I choose Attitude Spiritual focus My Finances Time management Diet Exercise Rest

CONTROL

my community

corporate decision in workplace

CONCERN

Speak Up!

"We can learn to work and speak when we are afraid in the same way we have learned to work and speak when we are tired. For we have been socialized to respect fear more than our own needs for language and definition, and while we wait in silence for that final luxury of fearlessness, the weight of that silence will choke us.

The fact that we are here and that I speak these words is an attempt to break that silence and bridge some of those differences between us, for it is not difference which immobilizes us, but silence. And there are so many silences to be broken."

-Audre Lorde – The Transformation of Silence into Language and Action

As We Begin...



Speak from your experience



Understand that we are individuals AND a part of systems



Be present...in this moment



Expect a range of emotions



Take a seat at the table



I am so happy we are here



Equity-Centric Integrated Care – The New Wellbeing Model

Kory L. Carey, Ph.D., HSPP Executive Director of Equity & Systemic Integration FSSA Division of Mental Health and Addiction

"De-siloing" DMHA





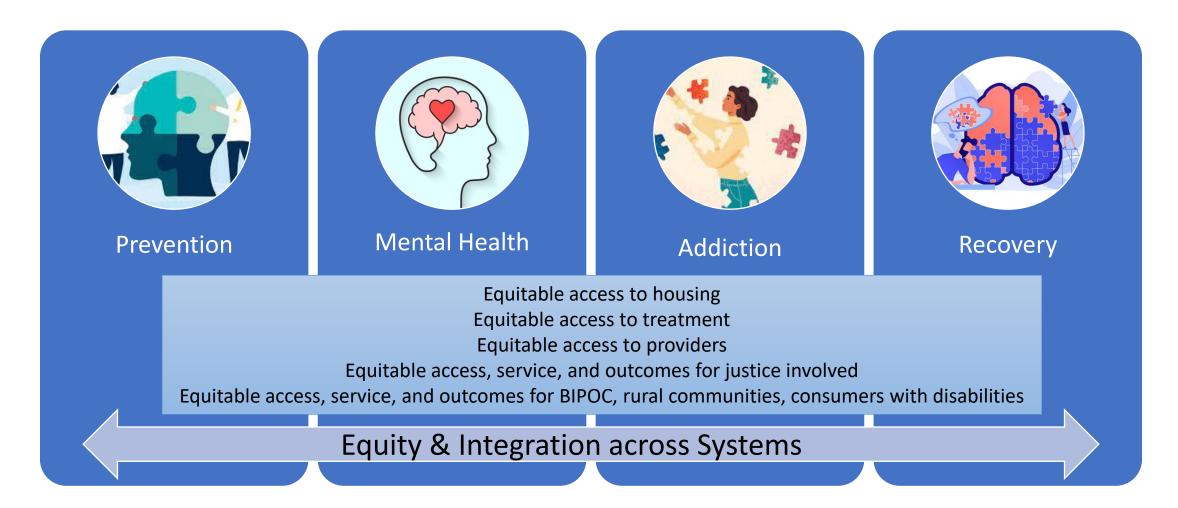
Mental Health

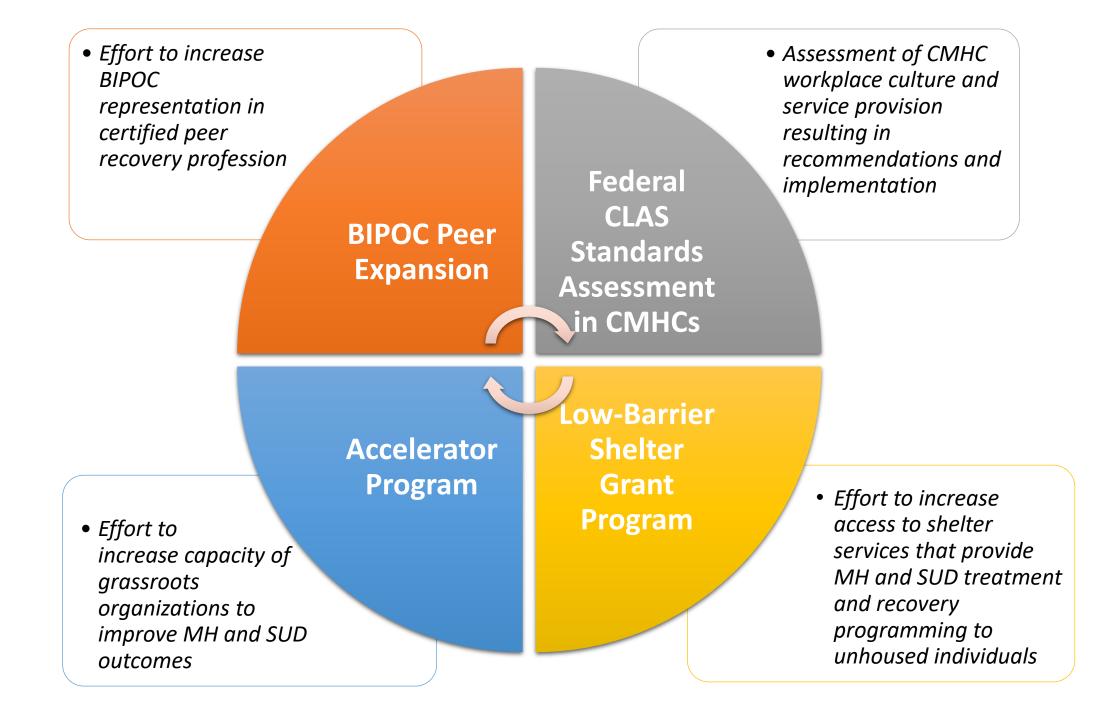


Addiction

Systems Integration









2022 Update: Future Casting for an Equitable System

Breanca Merritt, Ph.D. Chief Health Equity and ADA Officer Indiana Family and Social Services Administration

To compassionately serve our diverse community of Hoosiers by dismantling long-standing persistent inequity through deliberate human services system improvement.

WWW.FSSA.IN.GOV

SAMILY & SOCIAL

MINISTRATIC





Office of Healthy Opportunities (OHO)

- Created to address social determinants of health or social risk factors that address Hoosiers' quality of life.
 - Demographic, economic, social, geographic,
- Chief Health Equity and ADA Officer position created in 2020



We identify risk factors and address them.

OHO Goals and Vision

- Ability to co-design programs and policy with FSSA constituents
- Accessible and effective programs that equitably serve Hoosiers
- Representative workforce knowledgeable
 about social risk factors
- High-quality accountability mechanisms for equity guided by research and evidence





Identifying Risk Factors

Community Engagement

- Identifying gaps in services
 - Community forums
 - Organizational partnerships
- Community input on program design and implementation

Policy and Program Design

- Analysis of federal and state bills, decisions for each division
- Assessment tool for identifying and scoring equity gaps

Skill Building & Knowledge Sharing

- Staff listening sessions
- Gaps in implementation and program design for key populations

Evidence, Data, Accountability

- Understanding gaps in data collection, management
- Identifying target populations using program data
- Hoosier Health and Wellbeing Atlas, IN211 dashboard
- Equity-focused evaluation with external partners



Addressing Risk Factors

Community Engagement

- Social Risk Factors Task Force
- Engaging external partners on compliance and goals on SDOH/health equity needs
- Working with those receiving services to communicate changes

Policy and Program Design

- Program and division-level training
- Ongoing, shared policy and program map to identify collaborations, updates

Skill Building & Knowledge Sharing

- Interactive, rewarded participation in educational campaigns
- Training for field office/frontline staff of division programs and opportunities
- Educational campaigns on SDOH and health equity, history
- Employee resource groups

Evidence, Data, Accountability

- Equity audits
- Analyzing HR data
- Inclusion survey
- Reporting system
- Vendor/Partner tracking

How OHO Does It







How to Engage

- Working on health equity? Let us know!
 - Increasing capacity to coordinate and convene
 - Maximizing your own area of expertise
 - healthyopportunities@fssa.in.gov
- Community outreach and feedback