



Indiana is an enigma. In 2006, the state's mental health system received a D, but vision and desire for transformation seemed to exist. Three years later, Indiana's grade remains a D.

The Division of Mental Health and Addiction (DMHA) of the state's Family and Social Services Administration (FSSA) administers the system. The state's Hoosier Assurance Plan (HAP) contracts with public and private providers for mental health and addiction services for consumers who meet diagnostic and income criteria.

Indiana has a strong network of community mental health centers (CMHCs), and many have implemented evidence-based practices such as Assertive Community Treatment (ACT). Twenty-six CMHCs also operate supported employment programs, although only 15 currently meet federal fidelity standards.

Police Crisis Intervention Team (CIT) programs are taking root in the state. Ten counties or communities have them, and four more are planned. The Indiana Department of Corrections supports a NAMI prison education program in which correctional staff learn how to respond to inmates with mental illnesses.

In 2008, the state implemented the Healthy Indiana Plan (HIP), which provides insurance to non-Medicaid eligible individuals living at or below 200 percent of the federal poverty line. Although HIP includes parity for mental health and substance abuse benefits, covered services are quite limited.

Lack of affordable permanent housing for consumers is problematic. DMHA has developed a good long-range housing plan, with an initial commitment of funds. Proper implementation and funding of the plan are now necessary.

DMHA is commended for publishing a Consumer Satisfaction Report Card for its community mental health programs. It is an exemplary practice all other states should replicate.

Despite these positives, Indiana's system remains seriously deficient. Funding for community services has been flat and may decrease significantly in 2009 given a projected \$763 million overall budget shortfall. A recent property tax reform may result in further limits on local services.

FSSA uses a Medicaid managed care system that has failed some consumers—denials of services have put people at risk, and community mental health providers have cash flow problems due to payment delays.

Innovations

- Expanding network of ACT and other evidence-based practices
- Consumer Satisfaction Report Card on community services
- Increase in CIT programs

Urgent Needs

- Fix problems with implementation of Medicaid managed care
- Reduce barriers to accessing psychiatric medications
- Post-booking jail diversion and reentry programs

Consumer and Family Comments

- *"Community Mental Health Centers do not have enough resources. The Medicaid system is TOO complex to use."*
- *"Plenty of information is available! Just no help!"*
- *"They do an excellent job, but they are hampered by a state government that doesn't care."*

Diminished services may be a result of more money being directed towards provider profits.

The psychiatric medication review system used in Indiana's Medicaid program limits access to medication for certain individuals. An advisory committee defines dosage levels, and non-compliant pharmacy claims are denied without inquiry. Appeals procedures are cumbersome and rarely used.

Indiana's population is becoming increasingly diverse, but DMH has done little to increase workforce cultural competence or reduce disparities in care for racial and ethnic minorities.

People with serious mental illnesses continue to be over-represented in Indiana's jails and prisons. There are only four mental health courts to provide post-booking jail diversion. Vital services for people reentering communities following incarceration—such as housing and employment—are lacking.

In 2006, Indiana's FSSA Secretary blamed the state's low grade on poor administration by previous leadership, implying that mental health services would improve under his watch.¹ Sadly, three years later, that has not happened. The mental health system in Indiana continues to have significant problems. If major budget cuts occur, a bad situation is likely to become even worse.

¹ Naseem Sowti, "D is for Dismal Report," *The Star Press*, (March 2, 2006, 1A).