Substance Abuse and Child Safety Task Force
Senator Randy Head, Chair

The Substance Abuse and Child Safety Task Force met August 18, 2016 and October 13, 2016. The Task Force was divided into five subcommittees, each having assigned to it duties as outlined in the Commission’s suggested priorities. The Task Force is transitioning into the Mental Health and Substance Abuse Task Force, which met April 10, 2017. The next scheduled meeting for the Mental Health and Substance Abuse Task Force is June 12, 2017.

Substance Abuse and Child Safety Task Force Accomplishments:

- Took testimony from subject matter experts from rural and urban backgrounds.
- Identified four areas where legislation is needed (reciprocity, suicide prevention, substance abuse prevention, and telemedicine).
- Worked with the Indiana General Assembly to propose legislation on the above mentioned topics. The Task Force spent many hours discussing the four bills in depth and unanimously voted to propose and support each during the 2017 legislative session.
- Mindi Goodpaster contributed immensely to the success of the proposals through providing strategic input, meeting with legislators, working diligently with the author and House sponsors, testifying in committee hearings, and obtaining other witnesses to testify in support of the bills.
- Senate Bill 59 (Professional Licensing Reciprocity) requires the issuance of a license to a social worker, clinical social worker, marriage and family therapist, mental health counselor, licensed addiction counselor, licensed clinical addiction counselor, addiction counselor associate, or clinical addiction counselor associate who satisfies 4 requirements:
  
  (1) Has a valid license or certificate to practice from another state or jurisdiction;
  (2) Has passed an examination substantially equivalent to the level for which licensure is being requested;
  (3) Does not have a pending disciplinary proceeding in another state; and
  (4) Pays a fee.

The bill also establishes requirements to obtain a license as an addiction counselor associate or clinical addiction counselor associate, and allows for an out-of-state individual seeking reciprocity for licensing in Indiana for psychology to receive a temporary license.

The Task Force found that SB 59 was needed after identifying barriers in Indiana Code that were making the process of license reciprocity unreasonably lengthy and confusing. Mark Fairchild, Executive Director of the National Association of Social Workers,
explained that Indiana Code differs from surrounding states in how “social worker” and their educational requirements are defined. Indiana Code is very strict and specific which has caused a 1-3 months turnaround time in licensure and the restraints have kept seasoned professionals from seeking a license to practice in Indiana.

With the support of the Task Force, SB 59 passed unanimously in the Senate, passed the House with amendments, proceeded to conference committee where the bill was developed into its final product, and passed again unanimously.

- House Bill 1391 (Social Worker Licenses) also includes language from the Task Force that aims to break down barriers surrounding social worker reciprocity. HB 1391 helps speed up the reciprocity process. Social workers seeking a license when they move to Indiana from out of state no longer to go back to college and get a 200 hour supervised practicum.

- Senate Bill 62 (School Substance Abuse Prevention Pilot Program) aimed to create and fund a pilot program where the Department of Education, in collaboration with organizations that have expertise in school based substance abuse prevention, would be required to develop materials to assist schools to develop a formal substance abuse prevention policy and develop a model school based substance abuse prevention policy. SB 62 called for the Department of Education to administer the pilot program and for the pilot program funds to be provided to schools through grants to use for evidence based substance abuse prevention programming and to embed mental health personnel in schools.

SB 62 was recommended by the Education Subcommittee after in depth research performed by the subcommittee. The Task Force considered and agreed to the need present in Indiana for evidence-based programs and practices in schools in order to aid youth suicide prevention efforts.

The Task Force made extraordinary efforts to pass SB 62. The bill passed the Senate unanimously, passed out of House Education Committee, but did not receive a hearing after being recommitted to House Ways and Means Committee. In an attempt to save the legislation, SB 62 was amended into HB 1006 with approval from the author, however, the house bill’s author later requested its removal. In a final effort, the Task Force advocated for SB 62 to be amended into the budget without success.

- Senate Bill 63 (Telemedicine Pilot Program) sought to break down the barrier of restrictions on the ability of doctors to prescribe controlled substances to patients unless they meet face-to-face. After SB 63 passed unanimously in the Senate, it was brought to the Task Force’s attention that House Bill 1337 (Telemedicine Matters) addressed the barriers in a broader scope. HB 1337 requires a reimbursement to a Medicaid provider, for covered telemedicine services and prohibits setting any distance restrictions under Medicaid for telehealth and telemedicine services. In addition, HB 1337 removes a limitation on prescribing controlled substances, except for opioids, through the telemedicine if:
(1) The prescriber maintains a controlled substance registration;
(2) The prescriber meets federal requirements concerning the prescribing of the controlled substance;
(3) The patient has been examined in person by a licensed Indiana health care provider that has established a treatment plan to assist the prescriber in the diagnosis of the patient;
(4) The prescriber has reviewed and approved the treatment plan and is prescribing for the patient pursuant to the treatment plan; and
(5) The prescriber complies with the requirements of the INSPECT program.

Mindi Goodpaster and Chairman Head agreed that HB 1337 better addressed the barriers that the Task Force sought to correct. HB 1337 also passed the Senate unanimously and has received the Governor’s signature.

- Senate Bill 506 (Suicide Prevention Programming) requires the Division of Mental Health and Addiction to develop a statewide program for suicide prevention and employ a coordinator of the statewide program. The coordinator will be required to study and determine:

  (1) The professions that should be required to receive training on suicide assessment, treatment, and management; and
  (2) The manner in which to fund the training.

The coordinator must report the determinations to the Legislative Council no later than December 31, 2017. SB 506 also requires emergency medical services providers to complete an evidence-based training program concerning suicide assessment, treatment, and management. School corporations will be required to adopt a policy addressing measures intended to increase child suicide awareness. Approved postsecondary educational institutions are also required to adopt a policy concerning suicide information and resources. Finally, HB 1430 changed the suicide prevention training requirement for teachers from once in their career to every 3 years.

The Task Force found need for suicide prevention programming and training in Indiana after discovering that Indiana was among the national leaders in the number of high school students contemplating suicide. Chairman Head requested that SB 506 be amended into House Bill 1430. The author of HB 1430 concurred with this addition and the bill passed unanimously.

- The Task Force successfully passed legislation relating to issues of license reciprocity, suicide prevention programming, and telemedicine. HB 1391 (Social Worker Licenses) and HB 1337 (Telemedicine Matters) have been signed into law. SB 59 (Professional Licensing Reciprocity) and HB 1430 (Suicide Awareness and Prevention) are awaiting the Governor’s signature.
The Substance Abuse and Child Safety Task Force was renamed and transitioned to the Mental Health and Substance Abuse Task Force. Sirrilla Blackmon was appointed as co-chair to serve alongside Senator Randy Head.

Mental Health and Substance Abuse Task Force Objectives:

- Explore policy change to promote integration of behavioral health and primary care for children.
- Identify and promote evidence-based and other effective supports and services that reduce youth mental health issues and substance abuse.
- Support effective alternative locations, modalities and treatments for substance abuse and mental health services
- Support efforts to increase the number of mental health and substance abuse providers; improve service coordination to simplify delivery of services for children and their families.
- Support development of models to identify youth at-risk for substance abuse and mental health issues.
- Engage with Governor’s Commission to Combat Drug Abuse to address issues of children’s use of prescription drugs and children being raised by parents suffering from addiction.
- Support efforts to ensure access to care / treatment for youth and parents with substance abuse issues, including inpatient, outpatient, and rural coverage as well as services for youth after release from JJ / DYS.

Mental Health and Substance Abuse Task Force Action Plan:

- Prioritize and establish a timeline for the objectives given to the Task Force by the Commission.
- Identify and create subcommittees needed to accomplish objectives.
- Explore how the Task Force can work with other commissions and task forces to complete objectives.
- Target services where they are needed, and have a plan to train and put services where there are none.
• Look at increasing community transition programs for youth to transition back into the community.

Timeline:

• By May 10, 2017, the Task Force will establish a timeline to fully explore objectives, analyze data, speak to subject matter experts, and propose recommendations to the Commission.