

Mental Health and Substance Abuse Task Force
Meeting Minutes
Thursday, February 8, 2018
Indiana Statehouse – Room 125

Members Present:

Cathy Graham MSW, Indiana Association of Resources and Child Advocacy
Cindy Dean, Child Advocates
Sarah Sparks, Department of Child Services
Vivian Frazier, Office of Medicaid Policy and Planning
Dr. Carrie Cadwell, Four County Counseling
Cathy Robinson, FSSA Bureau of Developmental Disabilities
Jeff Wittman, Student Support Specialist Foster Youth Coordinator, DOE
Leslie Hulverson MD, Indiana University Psychiatry

Members Absent:

Cathy Boggs, Director, Government and Affiliate Relations—Behavioral Health, CHN

Staff Members Present:

Taylor Knox, Indiana State Senate

Call to Order: Meeting called at 1:05 p.m.

1. Welcome
2. Approval of December 12, 2017 Minutes:

December 2017 minutes were approved by voice vote.

3. Subcommittees:

Access and Availability

Cathy Graham discussed how Senate Bill 224, behavioral health and human services licensing, passing 49-0 in the Senate and moving to the House. We are currently waiting for it to receive a hearing in the House. Sen. Head mentioned that the bill reduces the hours of supervision to 700hours instead of 1000 hours. The Bill pass the Senate Health Committee unanimously and now Rep. Frizzell is moving the bill in the House.

Carol Satre sent along a workforce study document (it was emailed to the members the morning of the meeting). Carol mentioned that there is a lot of information in the study. The study looks at education levels of social works, where the social workers are located, and where are they now by degree and education/salary. Currently there is 650,000 individuals identifying as social workers in the country, there are about 350,000 licensed. If we separate it by degree there are 45% MSW, 12% of BSW and nonsocial workers were about 43%. The study looks at the wages and finds that women are still paid less than men in the field. Looking at the distribution on state, degrees, and numbers; Indiana has about 13,750 identified social workers. The state with the least was Wyoming with 1,400 social workers, and the most was California with roughly 68,000. Indiana is in the lower range, but not out of the ball park. Social workers are paid less than teachers and nurses.

Service and Creation Subcommittee:

Sarah Sparks mentioned that the subcommittee met on January 3rd and reviewed what was learned from the Mobile Crisis stabilization conference. This topic took a majority of the time since they went through all the

material they had. Most of the questions mentioned in the subcommittee look at how to gather data and cross agency collaborations between state departments. The STR grant and Serrilla were going to talk with the Deputy over the Addictions department. The subcommittee also met on Jan. 31st and had a small change of information.

System Gaps Subcommittee:

Senator Head mentioned that the subcommittee didn't meet officially. All of the members have been busy, but legislation recommended by the Task Force is passing overwhelmingly. Senate Bill 223, Licensure surveys, had 2 no votes and amended that it only applies to those who re-apply online. 92% of physicians currently answer the survey, and because of it we had some initial opposition and did more work. When Sen. Head presented it to the committee, there was one member who was opposed and the committee agreed to an assessment. The witnesses still did well and passed the bill out of the committee, it got to the floor of the Senate and the Senator who opposed supported the bill during the vote. The Task Force would like to use the data from the survey to apply for provider shortages. This will help provide accurate map of providers and where the physicians are located for services.

Senator Head also mentioned Senate Bill 369, Workers Comp Drug Formulary. It is a list of approved drugs and is to be evidence based. Some states have done this and have a large decrease of opioid use.

Senator Head also brought up Senate Bill 230, suicide prevention. The bill this year is to clean up some language from last year. The Suicide Council did not want to be listed and another organization is not formed anymore. We replaced the two with the Indiana Suicide Prevention Network Council and stakeholders with DMHA and DOE. The bill passed unanimously. The Legislators are taking the work we do on the Task Force and are moving them forward.

Cathy Graham asked if Cindy Dean had any information on the background clearing house that was discussed in the last meeting. Cindy Dean is following up with the 2 states but is not receiving return calls.

Leslie Hulvershorn inquired about the Psychotropic bills proposed last year by Sen. Grooms. She wanted to know if those bills moved or not. Cathy Graham said that the bills died and did not go to summer study committee because the Pharmacy Alliance was not pursuing the bill. Sen. Head mentioned that Summer Study Committees are harder to get now because the resolutions have to go to the Legislative Council for another round of decisions.

4. Discussion of Future Agenda and Rework Subcommittees

- a. 3.1 Explore Policy Change to Promote Integration of Behavioral Health and Primary Care for Children. What does this mean? And Sen. Head has scheduled a meeting with the IN Pediatricians.
 - 1) Leslie Hulvershorn mentioned that there are new models that house treatments for pediatricians or medical practice. Any mental health physician house together in one way with another doctor. So when you see your primary doctor you also go to see your psychologist too. The Federal Government has a waiver program for adults. Currently IU Health has been piloting this program to see how this goes. Most people visit with their primary care facilities because they feel safer and want to visit everyone in one visit if possible. Suicide patients normally see their primary care doctor beforehand.

- 2) Leslie said that we would need to look into the DMHA or IU Health to see how the program is going around the state for their programs/departments. .
 - 3) Dr. Carrie Cadwell said that Four County integrates with the DMHA initiative. Depending on the site it can run anywhere from pediatric family doctors to adults primary care providers. It could be implemented in a rural health community or mental or federal qualified center. She is a pediatric psychologist in a family practice and it's hugely beneficial. Most families don't go to her private office but would visit the primary doctor office because it was in the same building. Sen. Head asked if there would be anyone who could present on this idea/concept. Dr. Cadwell could present, but federal agencies could do this too. Senator Head also asked if there is a clearing house for location information or no way to know? Dr. Cadwell said that there is no central integration. Carol Satre also said that Riley Children's Hospital is promoting an adolescent clinic there with primary care doctors, they are also doing this at the Riley Transgender Clinic.
- b. 3.2 Identify and Promote Evidence Based and Other Effective Supports and Services that Reduce Youth Mental Health Issues and Substance Abuse Issues.
- 1) Sen. Head said that Cathy Boggs invited him to the Community East Hospital and the Gallahue Mental Health facility to discuss neonatal abstinence syndrome. Cathy introduced him to a member of every level of the staff including administrators, nurses, physicians, and more. They take in new mothers after giving birth because they know the mom is an addict. It is a total monetary loss but human gain. Sen. Head asked the staff what bottlenecks were in place and what the government can do to help. He said that Cathy mentioned that a prescriber will have to go through a page and half of Medicaid reimbursement. The clinic may prescribe suboxone but the pharmacy may not fill it, so normally after 2 hours of leaving the hospital the prescriber will receive a call from the pharmacist to ensure they can fill the bottle. But during that two hours the addict could find heroin much faster to treat their addiction.
 - 2) Leslie Hulvershorn said that there are timely updates and on December 9th medical directors removed the prior authorization for certain drugs ranging in different dosages for patients over the age of 18. Sen. Head said that during his visit he found that OBGYNs do not prescribe suboxone because they are reluctant that the primary care doctor won't continue the prescription.
 - 3) Jeff Wittman brought up how this is similar to suicide prevention legislation; that evidence based programs are great if available and easy to find. Some programs are not readily available though. Sen. Head agreed that we should try new programs and shouldn't exclude the program just to make sure it is evidence based. We many need to start using programs that show progress although they may not be "evidence based."
 - 4) Mindi Goodpaster said that we also need to look at resource and funding at schools. Schools have not been given adequate funding and they are not required to provide substance abuse training. She mentioned Senate Bill 62 from the 2017 Session. She also mentioned Senate Bill 339 from 2018 Session and stopping students from pilfering. The bill was going to look at an opt in or opt out for those with cognitive disabilities and arthritis, but the main concern was the cost of the vial being transferred back to the consumer. Sen. Head brought up that the reason for this bill was to make sure you knew someone was in your medicine cabinet.
 - 5) The task force revisited neonatal abstinence syndrome and if we were discussing subutex or suboxone. Sen. Head ask if subutex contained suboxone. Leslie said that naloxone and buprenorphine are equivalent to suboxone. Naloxone blocks the injections but there hasn't been a lot of safety proven for pregnant women. It has changed in the last year the pregnant

women receive buprenorphine without naloxone. Sen. Head asked if there is prior authorization for expecting mothers. Leslie said that it is for anyone with an expected opioid disorder.

- c. 3.3 Support Effective Alternative Locations, modalities and Treatments for Substance Abuse and Mental Health Services.
 - 1) Sen. Head said that we used telehealth for that with the Senate Bill 223. Leslie Hulvershorn discussed that under DWD there is a project name ECHO that is being researched. The program comes from the University of New Mexico and doctors discover that primary care doctors are treating specific diseases. So they set up a model that a doctor phones in for support from a specialist. Mental health and substance abuse patients could gain from this. The DMHA received federal dollars to help develop a similar project. Next year the program will be looking at working with pregnant women specifically. The model can be applied to any disorder, and especially autism. The state has already approached donors to help fund the program. What happens is that experts get together to train others. The program is free to develop because New Mexico will give you the resources for free, but you need to be able to fund the panel of experts. The panel of experts and those being trained meet once a week for 10 weeks. To make sure the program is run well it costs about \$200-300,000 a year, and is less expensive as it gets rolling.
- d. 3.4 Support Efforts to Increase the Number of Mental Health and Substance Abuse Providers.
 - 1) Sen. Head mentions Access and Availability subcommittee's licensing bill being brought before the Senate. Cathy Graham said to not forget about the study for independent practice to sign off on treatment plans and behavioral diagnosis. Currently HSBPs and Psychologist sign off on these. People who move here find it alarming that they cannot sign off on diagnosis. In the October meeting we agreed to look at this as a Task Force.
- e. 3.5 Support Development of Models to Identify Youth at Risk for Substance Abuse and Mental Health Issues.
 - 1) Leslie Hulvershorn said that she doesn't think we have done a whole lot. Currently there is evidence based screening and assessment tools. So there has been a bunch of work around the nation and it comes down to which ones are feasible.
- f. 3.6 Engage with the 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.
 - 1) We continue to do this and have a presentation for the CISC on Wednesday next week according to Sen. Head.
- g. 3.7 Support Efforts to Ensure Access to Care/treatment for Youth and Parent with Substance Abuse Issues, Including Inpatient, Outpatient, and Rural Coverage.
 - 1) Leslie Hulvershorn states that right now Medicare waiver/demonstration give 80million dollars to the state, but doctors could not bill Medicaid if the patient had substance abuse disorder. Units would take only mental health patients but not opioid addicted patients. But now the State has money for this and the hope is that more units will open because of this. There are currently 22 places that are eligible for the funding and the application process, but they have to meet the American Society of Addiction Standards first. The trick is getting word out to providers for this service. Becky Buhner at DMHA would be the best contact.
 - 2) Cathy Graham said that she read the waiver (IMD) and the program is only for 21 and older because the federal government consider the IMD exclusion for mental disease. The Federal Government uses outdated designations, and adolescents have to be residential psychiatric patients. Sen. Head said that the Governor's Office bill opens 9 new treatment centers; it's not just for kids, but needs to relook at House Bill 1007. Leslie Hulvershorn

asked if the bill would fund those? Sen. Head replied that I think it's at least partial funding, at least its state government helping which is definitely necessary.

5. Opinions on Subcommittee Structures

- a. Cathy Graham said that the Workforce issue could touch in various subcommittees, so should it be assigned as its own?
- b. Senator Head also asked if there was anything the Task Force would like to look at that hasn't been mentioned yet. Carol Satre said that she would like to look at salary challenges in social work because they are paid less than teachers-this could be why we have gaps in the profession.
- c. Senator Head asked about the speed of the Task Force's progress.
- d. Dr. Cadwell said that the Service Creation overlapped the development and mental health delays/challenges. We don't want to lose track of the siloes because most times issues are all impacted with certain diseases.
- e. Leslie Hulvershorn asked for the Task Force support of a summit/several day meeting for Zero Suicide Mission in the summer of 2018. Sen. Head said that he would talk to Julie Whitman about this to see if it's possible. Mindi Goodpaster asked if it's the same program as the Suicide Prevention Convention in Fort Wayne. Leslie said no, but she will connect with Jason Murray to let him know.

6. Adjourn: 2:01pm

7. Follow Up:

Dr. Cadwell emailed Taylor after the Task Force Meeting with follow up information that Sen. Head wanted added to the minutes.

Hi Taylor- There were some things I wanted to mention today on the call that I refrained just due to the difficulty with the feedback I was getting on the conference line. So thought I would send a follow-up email for Senator Head-

- (1) Integrated care—I am happy to speak on integrated care with youth populations and the different models across a number of health care providers and the importance of screening and outcome measures in the context of this initiative...so the breakdown would be (1) integrated models, (2) workforce training needs, (3) leveraging community health workers (CHWs), youth peer workers, and family navigators for youth integrated models
- (2) There was discussion about independent practice for LCSW and other midlevel licenses due to current law limiting scope of practice. As a psychologist, I can tell you that the Indiana NASW and Indiana Psychological Association have had fairly contentious battles in the past on this topic. A consideration here would be to have someone from IPA at the table when studying or discussing this issue. Maybe in working together we could avoid another heightened conflict and ultimately come to some agreements that understand scope of practice and simultaneously meet the access needs and independent practice needs of mid levels. Just a thought.
- (3) On the area of servicing youth diagnosed with intellectual and developmental disabilities with co-occurring mental health disorders, I could make some recommendations of folks to include in this discussion if needed. One person that comes to mind and I feel could effectively help to bridge that gap is Cathy Pratt from IRCA. Jill Dunn from Bona Vista can also be helpful in this area.
- (4) The Indiana School Mental Health Initiative meeting is next Tuesday 13th—this is a group of stakeholders from education that are really advocating and implementing some great things for youth from the school perspective. Reminds me that when we are thinking about gaps that how we effectively integrate school mental health is important.

These are just thoughts I had during meeting that I wanted to share with Senator Head. I am looking forward to meeting him soon.

On another note, he was interested in learning about integrated care. Four County is a part of an almost 2 million dollar grant to build primary care psychologists starting this year. On March 23rd 9-5pm, we are bringing in (along with our training partners—National Psychology Training Consortium, Bowen Center, Wabash valley Alliance, and the healthcare partners involved including Dukes, Pulaski memorial, IU Tipton, Compassionate health center, Parkview, St Joseph regional medical center, Riggs health Center, Family health Center) a national consulting group on Integrated care who will be training this crew on how to implement the model in Indiana. Dr. Walthall is to attend in the morning to address the group. We would love to have Senator Head attend also should his schedule allow. If he is able only to come for a little bit and address the group or stay for the whole day to learn about integrated care, would be open to either. This grant is actually part of an psychologist internship program that recruits and brings to Indiana 10+ potential future Indiana psychologists to our great state---this next year with the grant we are looking at 20 spots!! It's amazing.