Indiana Behavioral Health Commission

https://www.in.gov/fssa/dmha/indiana-behavioral-health-commission/

Meeting Minutes for September 29, 2021, 1:00 pm - 3:00 pm

Meeting viewable at: DMHA Behavioral Health Commission - YouTube

Minutes

Commission Members Present:

Katy Adams	Christy Berger	Sharon Bowman	Rick Crawley
Carrie Cadwell	Jay Chaudhary	Donna Culley	Mimi Gardner
Rachel Johnson-Yates	Timothy Kelly	Brooke Lawson	Ray Lay
Chase Lyday	Anthony Maze	Stephen McCaffrey	Leah McGrath
Christine Negendank	Katrina Norris	James Nossett	Leslie Miller
Barbara Scott	Zoe Frantz		

Commission Members Absent:

Senator Michael Crider

Allison Taylor substituted by Lindsay Baywol

Scott Fadness	Jess Yoder	Mike Nielsen

A copy of the agenda is posted to https://www.in.gov/fssa/dmha/indiana-behavioral-health-commission/.

The commission members were notified the live recording and livestreaming for the public was in progress.

The following items were discussed:

Item 1: Review of February 26, 2021 Minutes

- The Commission voted on the minutes
    - K. Norris moved to approve the minutes, seconded by C. Negendank, none opposed, there were no abstentions, the minutes were approved

Item 2: Overview of the Meeting Topics

- J. Chaudhary summarized purpose and focus of each of the subgroups

Item 3: Subgroup Presentations

A. Overall Mental Well Being - J. Chaudhary - the focus of this subgroup was to make recommendations related to various social determinants of health concrete and actionable

i. Medicaid Housing Supports - FSSA should explore and adopt vehicles to pay for housing supports and other social determinants of health through the Medicaid program

i. **Outcome –** there were no questions or discussion related to this recommendation

ii. Address and Improve Hoosiers' Mental Health Literacy (MHL) – develop a community-level campaign across systems that is focused on recovery and engages those with lived experience

i. **Outcome –** R. Lay advocated the above recommendations will motivate people to seek recovery

B. Continuity of Care – K. Adams – this subgroup focused on barriers and gaps, initially identified twelve areas, then focused on four priority areas

i. Treatment Extenders

i. Develop a training program, certification and/or licensure for non-licensed staff, and tie such certification/licensure with reimbursement rates that are sustainable for services eligible to provide

ii. Maximize use of Telehealth services by adding certified individuals described in 1:A to approved list of providers of mental health and addictions care via telehealth

1. **Outcome -** J. Chaudhary – are peer services included?
    a. K. Adams – yes

ii. Access Issues

i. Explore and develop a shared medication and data system for all levels of care (inclusive of emergency professionals, hospitals, community mental health centers, county jails and Department of Corrections)

ii. Explore best practices with centralized case management systems and possible partnerships with Managed Care Entities

iii. Evaluate current intake processes and develop workflow to reduce barriers to access and reduce administrative burden so that consumer's immediate needs are met in a trauma informed manner

1. **Outcome –** there were no questions or discussion related to this recommendation

iii. Parity

i. Investigate New York blueprint for parity and develop recommendations for Indiana to institute to address issues related to medical necessity definition, centralized credentialing, standardized prior approval processes

ii. Review parity recommendations brought forth by Commission on Improving the Status of Children (CISC), Indiana's Parity Committee and determine recommendations to bring forward that would empower the enforcement of parity in Indiana

1. **Outcome –** S. McCaffrey reported CISC is anticipating a review of recommendations from Parity Committee in October of 2021
    a. J. Chaudhary ensured for universal understanding of "parity" - Mental health parity describes the equal treatment of mental health conditions and substance use disorders in insurance plans
    b. S. McCaffrey advised CISC is attempting to broaden definition of parity in Indiana to include equity issues
    c. R. Lay requested information on whether the data sharing recommendation would be based on approaches taken in Ohio or Kentucky
        i. K. Adams – this Commission would need to assess what is effective
        ii. R. Lay – advocated for ease of use in connected system, provided example as a VA patient
        iii. K. Adams recommended Commission Members can explore https://www.ihie.org/ for Indiana's current status
        iv. R. Lay supported the recommendations

iv. Crisis Continuum Gaps

i. Fully endorse and certify Certified Community Behavioral Health Centers (CCBHC) in Indiana with supported Medicaid rate/fee structure adjustment that supports cost-based reimbursement

ii. Evaluate Kentucky and Ohio models of maintaining Medicaid coverage for those that are incarcerated and adopt best practice for Indiana to assure coverage is maintained during incarceration

1. **Outcome –** L. Baywol requested information on whether telehealth expansion would be leveraged to address parity
    a. K. Adams – yes, with deeper analysis on how to best proceed

C. Criminal Justice Interface – C. Negendank – this subgroup focused on best practices at the intersection of mental health and criminal justice systems. C. Negendank introduced the Sequential Intercept Model (SIM) to guide the recommendations

i. Intercept Zero – this intercept is fulfilled by recommendations from other subgroups

i. **Outcome –** there were no questions or discussion around this update

ii. Intercept One

i. **Expand Crisis Intervention Training (CIT) –** establish definitions/standards of training, support development and expansion of training, fund technical assistance, and ensure for maintenance of knowledge; use in tandem with Stepping Up Initiative

1. **Outcome –** K. Norris – advocated this intercept and recommendation are intended to divert individuals towards treatment to prevent jail
2. R. Lay suggested Ft. Wayne of Allen County is a "gold standard" for CIT in Indiana
3. A. Maze reported less than 1% of calls dispatched as mental health based in need result in incarceration, has improved over 20 years
4. R. Lay advised Sam Cochran, the developer of CIT recommends CIT be used with Stepping Up to further reduce jail experiences

iii. **Intercept Two –** the subgroup is in early discussion for recommendations at this layer and will bring forward to the Commission at a future date

i. **Outcome –** there were no questions or discussion around this update

iv. **Intercept Three**

i. **Mental Health Courts** - assess current function, increase with a focus on local level collaboration, collect data on recidivism

1. **Outcome –** there were no questions or discussion regarding this recommendation

ii. **Competency Restoration**

1. Address involuntary medication within court orders to support effective treatment
2. Include Judge discretion to dismiss charges when individuals cannot achieve competency
3. Include system-wide collaboration between justice system and behavioral health system to ensure for comprehensive mode
4. Develop models specific to jail-based and community competency restoration
    a. **Outcome –** J. Chaudhary – the recommendation for competency restoration doesn't impact a large volume of people but has the potential to have a large impact on the system

v. **Intercept Four**

i. **Medicaid Expansion –** utilize a 1115 Medicaid Waiver to expand mental health treatment to those who are incarcerated, collaborate with CMHCs for service delivery, ensure for Medication Assisted Treatment (MAT)

1. **Outcome –** K. Norris advocated this will support creating a continuum of care, ensuring for a warm hand off and addressing re-entry needs

vi. **Intercept Five**

i. **Conduct Recidivism Studies –** use outcomes to inform future legislation

1. **Outcome –** there were no questions or discussion regarding this recommendation

ii. **Increase Post-Incarceration Supports with a Focus on Transitional Needs**

1. Recommend outpatient forensic services within the CMHCs focusing on re-entry supports; consider liaison staff that is knowledgeable of justice and behavioral health systems
2. Increase forensic peer supports prior to release and to support re-entry to the community
    a. **Outcome –** R. Lay advised Commission as a Forensic Peer Specialist

D. **Children and Families – B. Lawson –** this subgroup focused on systems that support children with three areas of priority
    i. **Increased Access to Behavioral Health Care**
        i. Including outpatient and school-based services
        ii. Increasing available services between outpatient and inpatient, including intensive outpatient/IOP programs, partial hospitalization, and crisis services
        iii. Increasing the number of available inpatient beds for youth in the state
        iv. Create access opportunities for all children regardless of insurance type
        v. Strengthen referral pathways to reduce wait-time for intake appointment
            1. **Outcome –** there were no questions or discussion regarding this recommendation
    ii. **Invest in proactive, preventative, and collaborative approaches to supporting at-risk children and families**
        i. Moving away from zero tolerance policies to more trauma-informed practices that include youth and family voice
        ii. Including behavioral health supports and
        iii. Training necessary for all youth-serving organizations identified within local communities
            1. **Outcome –** there were no questions or discussion regarding this recommendation
    iii. **Prepare all Hoosier students for lifelong success**
        i. Implement a framework for social emotional supports linked to high academic achievement
        ii. Implement supports for schools, teachers, parents/guardians, and community members
        iii. Funding for student support positions and resources to collect data to successfully implement this work
            1. **Outcome –** J. Chaudhary – this subgroup is highly important for the health of our children

E. **Workforce – C. Cadwell –** this subgroup focused on workforce needs thinking about the system as a whole, examined from multiple vantage points – recruitment, retention, optimization
    i. **Conduct a Medicaid Rate Study -** Undertake Medicaid rate study of select behavioral health and substance use specific service types to include psychotherapy CPT codes, Medicaid Rehabilitation Option rates and structure, certified peer recovery services, and substance use disorder treatment residential and transitional residential per diem; this recommendation aims to support recruitment and maintenance of staff
        i. **Outcome –** there were no questions or discussion regarding this recommendation
    ii. **Continuation and Expansion of CCBHC Program -** Support legislation that requires the State to develop a plan for the continuation and expansion of the CCBHC grantee program, while developing infrastructure and implementation of PPS rate methodology along with transition of all current CMHCs to the CCBHC model over a period of 3 years. CCBHC service requirements shall be considered an emerging best practice for comprehensive behavioral health service providers accredited by the Division of Mental Health & Addictions. Transition to CCBHC model implementation shall consider needed support to Medicaid Rehabilitation Option during this transition and determining where it fits within this new payor structure
        i. **Outcome –** there were no questions or discussion regarding this recommendation

iii. **Licensing and Psychology Compacts -** Support legislation that expands military spousal licensure recognition language to behavioral health licenses issues under the State Psychology board and Behavioral health & Human Service board while simultaneously supporting the implementation of physician and psychology compacts as well as other future compacts advocated for by other IPLA recognized behavioral health professions
    i. **Outcome –** S. Bowman – of 27 jurisdictions, 22 have compacts in effect, clinicians can practice in more than half the country

iv. **IPLA Modernization**
    i. **Outcome –** S. Bowman supported this recommendation, emphasized the need based on duration licensing takes, impact on candidate
    ii. D. Culley advocated all of these issues are overall linked to the community being able to access care

v. **Behavioral Health Wage Increase -** Develop Request for Funding (RFP) guidelines for use of Covid Stimulus Fund to assist in moving Behavioral Health Service Providers, Recovery Community Organizations, and Community Mental Health centers to a $15 minimum wage
    i. **Outcome –** C. Negendank reported this would have an important impact as passionate staff need to leave field to pursue higher wages in other fields.
    ii. R. Lay agreed with recommendation, advocated $15 is still insufficient and advocated for a higher value

vi. **Tuition Assistance, Scholarships, and Loan Repayment -** Use Covid stimulus funds to fund tuition assistance & scholarships and loan repayment program options for behavioral health and recovery professionals including "certified" providers. Consider long-term funding through licensing fees that may increase should expanded licensure recognition in Rec #3 be implemented. There should be an associated commitment to serve and prioritize funding based on regional needs and equity issues
    i. **Outcome –** there were no questions or discussion regarding this recommendation

vii. **Expand Telehealth -** Enhance recent Telehealth legislation (SEA 3) to be inclusive of all providers recognized by the State for the purposes of certification or reimbursement
    i. **Outcome –** there were no questions or discussion regarding this recommendation

viii. **Create a Comprehensive Education Campaign –** provide education in schools on behavioral health awareness, addressing both needs and behavioral health as a career path
    i. **Outcome –** there were no questions or discussion regarding this recommendation

ix. **Study of Criminal Record as a Barrier to Employment -** Undertake study regarding the barrier of criminal record barriers to employment in behavioral health including certified peer recovery positions and other behavioral health professionals
    i. **Outcome –** K. Adams – this issue is connected to contracts with DCS and therefore, access to services. IAC has non-waivable offenses – recommendation to look at those criteria and explore if any can be waived – addresses the burden on providers obtaining potential staff
    ii. L. Miller – at DCS a racial, equity, justice council has sought to change this area as well, reported shared struggle to staff due to this barrier

F. Suicide Prevention and Crisis – J. Chaudhary – this group focused efforts on reinforcing 988 intiative

i. **Adopt Crisis Now Model for Indiana's 988 system** – 3-part approach: someone to call (988 call 'center'), someone to respond (mobile crisis teams), somewhere to go (crisis stabilization centers)

i. **Outcome –** there were no questions or discussion regarding this recommendation

ii. **Implement 988 Surcharge for crisis response/suicide prevention funding**
   i. **Outcome –** S. McCaffrey advocated to ensure funding the system, not just the call center
   ii. B. Lawson – how will mobile crisis teams be staffed?
      1. J. Chaudhary – focus on high flexibility, use of peers

Item 5: Next Phase of Subgroup Work

- J. Chaudhary advised subgroups can continue working virtually with a plan to re-convene full member meeting in December – consider what are we missing?
  - S. McCaffrey – are we refining recommendations or developing action steps?
    - J. Chaudhary – both depending on where subgroups are, incorporate feedback, determine readiness for formal recommendations

Item 6: Cost of Untreated Mental Illness Analysis

- J. Chaudhary provided reminder to Commission analyzing the cost of untreated mental illness is an additional obligation due in the final report, invited Commission Members to reach out to participate in this effort

Item 7: Future Meetings

- J. Chaudhary advised there would be a December meeting incorporating Senator Crider
  - S. Bowman shared being impressed with the work the Commission has done, if these recommendations move forward, will contribute to positive change in Indiana

Follow-up Action Items:

- Continue subgroup work as needed
- For updates, meeting minutes and materials, visit: https://www.in.gov/fssa/dmha/indiana-behavioral-health-commission/

*There were no comments from the public