



## Indiana Behavioral Health Commission

Meeting Agenda for January 31, 2024  
University of Indianapolis  
Schwitzer Student Center, Hall C  
1400 Campus Drive, Indianapolis, Indiana  
Chairperson: Jay Chaudhary

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

The meeting may be viewed at

[https://www.youtube.com/live/\\_sMI9AfHDQ?si=jZoeRNcZ5v3CgWfl](https://www.youtube.com/live/_sMI9AfHDQ?si=jZoeRNcZ5v3CgWfl).

### Minutes

#### **Commission Members Present:**

Jay Chaudhary  
Michelle Clarke  
Zoe Frantz  
Steve McCaffrey

Kellie Streeter  
David Reed  
Jason Tomcsi  
Rachel Yoder

#### **Commission Members Absent:**

Senator Michael Crider  
Senator Andrea Hunley

Representative Cindy Ledbetter  
Representative Victoria-Garcia Wilburn

#### **Meeting proceedings were:**

##### **Welcome Address:**

Jay Chaudhary started the meeting by welcoming and thanking everyone for their commitment to the commission. He also appreciated everyone involved in the planning and logistics of the meeting.

- I. He moved the motion to adopt the minutes of the previous meeting. It was adopted by Steve McCaffrey, seconded by Zoe Frantz, and all other members voted in favor.
- II. He also addressed the issue of the Medicaid forecast and requested members to be sensitive and thoughtful towards any recommendations on the subject matter.

- III. He thanked the university for hosting the commission and invited Ellen Burton who made a brief introduction about the University of Indianapolis hosting the venue and what older adult mental health focus meant from the academic point of view.

**Speakers:**

- A. Ellen Burton, Executive Director for the Center for Aging & Community, gave insights into older adults in Indiana.
1. She shared a survey on the population by age in the state – almost a quarter of Hoosiers are 60+ and 82% plan to retire in their communities. By 2040 it is estimated that more than 1.6 million Hoosiers will be 65+.
  2. Behavioral health for older adults that should be considered are substance use disorder, depression and anxiety, emerging considerations, and dementia.
  3. Access to service is a concern due to barriers. Some of the barriers are access to providers in terms of location and affordability, provider capacity, awareness of services and stress on the care networks.
  4. Caregivers: the impact of caregiving and how it affects their quality of life.

An identified concern was in regard to caregivers; specifically, how can the State support them and the services they render within the State. The question was posed, are there models for the aged population that work well and how could Indiana adopt them if they are working? An opportunity was identified in exploring the economic impact of caregiving in the State.

- B. Leslie Oleck - A Psychiatric Nurse and Therapist shared: Let's Help Older Adults with Mental Illness and Substance Use Disorder
1. Psychiatric Mental Health (PMH) APRNs: more nurses are training to become APRNs because they see more patients with mental health and substance use disorders.
  2. There has been a decline in APRNs.
  3. In Indiana, 20 - 50% of patients seen have mental health issues.
  4. NAMI found that Behavioral Health office visits were five times more likely to be out-of-network than a Primary Care visit.
  5. Insurance and acceptance are an identified issue even with Medicare and Medicaid and billing codes.
  6. There's a shortfall in Mental Healthcare Professionals.

She recommended the following:

1. Remove the state-mandated collaborative agreement that prohibits APRNs from practicing in full their training & education.
2. Support nursing and ensure undergraduate experience.
3. Require and provide training for primary care providers for mental illness and in older adults.

Concerns were discussed among Commission members on clarity with tradeoffs, scope of practice issues, and feedback to the general assembly.

- C. Dr. Elizabeth Hathaway: discussed dementia-related behavioral concerns: aggression and erratic behavior. Dementia may be caused by Alzheimer's and other related issues.
1. Treatment can be administered but no prevention or reversal in such cases.
  2. Age is a risk factor for dementia and Alzheimer's.
  3. Older adults may have serious side effects from treatments administered.
  4. Caregivers are impacted with the care given to older adults going through dementia.
  5. In Indiana, one out of three give care to older adults over the age of 55+
  6. Cost of private placement can range between \$3000 to \$10000 monthly bringing it to \$7000 on average.
  7. Those having mental health challenges are 4 times more likely to develop dementia.
  8. Scheduling for intake can take up to 6 months and has not improved.
  9. Social isolation is a concern for patients and older adults, and this is associated with cardiovascular disease, stroke, dementia, depression & anxiety and even death.
  10. Suicide rates are seen in older adults over the age of 75.

Recommendations: advance care planning to help deal with the challenges that come with dementia. Prioritizing the quality of life of those affected rather than life prolonging treatment plans. Education, resources, and social infrastructure will be helpful.

Concerns were discussed among Commission members on early diagnosis, workforce in the mental health field, and policy standpoint to help the system.

- D. Tony Murray, President of the Firefighter's Profession in Indiana, spoke on Mobile Integration Health (MIH) care program. He has experience as an Emergency Medical

Technician, paramedic, firefighter, and county program administrator. He explained MIH and how they engage the community.

1. Emergency Medical Services (EMS) engagement, understanding the needs of the community beyond the 911 calls.
2. MIH programs are based on the risk assessment within the community.
3. People are referred to the MIH program after emergency response and external referrals.
4. Visits and calls have helped identify gaps in standard of living and care.
5. Older adults may feel socially isolated after family members move away.
6. The program is able to build relationships, and connect different segments of the population with the required resources and treatment services.
7. MIH helps to de-escalate issues that involve law enforcement with people with mental health issues.
8. Funding is a concern to building more MIH programs across the state and connecting with experts to help with mental health and behavioral health cases.

Concerns were raised on having to find funds for the Mobile Integrated Health program, especially services in rural areas. Coordinating 988 and 911 in behavioral health care crises was identified as an area of improvement. Mobile integrated peers team coordination and prioritizing individuals.

E. Kristen LaFace, CEO of Indiana Association of Area Agencies on Aging, gave her presentation on the AAA perspective on behavioral health and aging. She spoke on:

1. Area agencies on aging responding to the needs of older adults aged 60 and over in the local community.
2. Making arrangements and providing options in services for older adults and those living with disabilities.
3. Almost 20 Home & Community-Based Services (HCBS) are available to the community.
4. They have 15 organizations managing the services and 16 network areas to support every county.
5. They serve as the local aging and disability resource center (ADRC)
6. National perspective includes – 56 state units on aging, 650 area agencies, 245 tribal organizations, and tens of thousands of service providers.
7. AAAs have specialties in aging & disability, counseling, caregiver support, care management, and nutrition services.

8. Revenue sources include Medicaid Home- and Community- Based Services (HCBS) waivers, Community and Home Options to Institutional Care for the Elderly (CHOICE), and other funding sources.
9. In behavioral health, they handle care management, depression substance use, social isolation, grief and loss, and guardianship of people with serious mental illness. Short-term wins are currently: mental health grant, dementia caregiver coaching, stress release and reduction, and caregiver assessment.
10. Priorities include caregiver support, trainings, housing, mitigating social isolation, telehealth, and integration with paramedicine initiatives.

Recommendation: Medicaid waiver services for SMI, chronic disease self-management, infrastructure and capacity building, and referral partnership for behavioral health services.

F. Kate Heger, DMHA Older Persons Initiatives and Supported Employment Director, spoke on aging and behavioral health and shared the following:

1. Inter-agency collaboration on aligning aging and behavioral health services and initiatives.
2. Population of 55+ with behavioral health diagnosis of depression, anxiety, substance use disorder, schizophrenia, bipolar, stress, and personality disorders.
3. Health impacts are common physical conditions such as high blood pressure, respiratory disease, diabetes, infections, and nutritional deficiencies.
4. Indiana code and how it enables DMHA to research information on behavioral health to inform policy recommendations.
5. Grant overview and how DMHA awarded \$4 million funds to 7 Area Agencies on Aging in Indiana.

Recommendation: research older adults and behavioral health, coordinate behavioral and physical health services, and support aging-friendly communities for those impacted with health needs.

G. Gina Woodward, DMHA Director for Workforce Development, shared the importance of:

1. Focus on recruitment, training, and retention of behavioral workforce as a long-term goal. To improve access to care and overall quality of care and health.
2. Focus on treatment extenders to increase the capacity of care especially in older adults.
3. Addressing administrative barriers to ease the recruitment process.

4. Embracing innovation and dynamics to grow the workforce in the state.

Commission members discussed concerns about the aging population within the state psychiatric hospital system and the long-term care facilities having the capacity to meet the needs of those needing special care.

**Closing remarks:**

Jay thanked the speakers and commission members for their time and input to help the commission process more recommendations.

He thanked UIndy for hosting the meeting and adjourned the meeting.