

MHAPAC Minutes – March 17, 2026

Chairman Marilyn Berry-Stamm greets and welcomes the members to the meeting. She introduces DMHA's Behavioral Health Policy Director Kiarra Pearson to provide an update on the MHAPAC Membership Application.

Kiarra Pearson greets the group. She hands out copies of the updated MHAPAC Membership Application to members. She mentions that the new application was designed to address the issue of MHAPAC needing more members with lived experience with substance use disorder. From March 9th, 2026 to March 16th, 2026, the new application received 105 applicants, with 59 of them being eligible for membership. The applicant's county of origin will be considered in the process to ensure representation from all parts of the state. Once the 59 eligible applicants are condensed into a shortlist, Secretary Roob will make the final selections.

Matthew Haughton-Endicott asks where the application was posted to receive such a large response. Kiarra clarifies that it was shared to various email lists as well as Director Sarah Sailors' LinkedIn page.

Chairman Marilyn Berry-Stamm introduces DMHA's Assistant Director of Adult Mental Health and Wellness Steven Holland to discuss the Mental Health Block Grant. Steven reminds the group that DMHA submitted a full application this year – the amount would be just over \$18 million with 10% FEP/ESI Set-Aside, 5% Crisis Set-Aside, and 5% Admin Cap. The 2026-2027 priority areas include older adults, FEP/ESMI, Crisis Response services, Disaster Behavioral Health, Recovery Community Organizations, Access to Recovery Services, Indiana Clubhouses, and Certified Peer Support Professionals. He mentions the first supplemental funding – the Bipartisan Safer Communities Act 4. This is the fourth round of supplemental funding and will be the final round for the BSCA. This accounts for approximately \$1.4 million. The other supplemental funding comes from Executive Order "Ending Crime and Disorder in America's Streets" funding, which accounts for approximately \$430,000.

Chairman Marilyn Berry-Stamm introduces DMHA's Assistant Director of System Transformation Ari Nassiri to give an overview of Indiana's CCBHCs. Ari begins by defining CCBHC's as a proven outpatient model of specially designated clinics that provide a comprehensive range of mental health and substance use services. Ari highlights the Prospective Payment System (PPS), which is a new alternative to fee-for-service, which condenses various funding methods into one daily rate. This rate is calculated from a cost-report which takes into account all expenses required to properly serve the community.

Ari highlights the vast range of services provided by Indiana's 8 CCBHCs, emphasizing that all CCBHCs must provide 21 Required Quality Metrics, report programmatic, site-specific service goals across 9 service categories, and provide at least 10 Required Evidence-Based Practices (although 13 are recommended). He makes the distinction between clinic-collected metrics and state-collected metrics, the latter of which is largely handled by DMHA's data team.

Ari provides some statistics from the 2025 Indiana CCBHC demonstration. 87% of new patients received an initial evaluation within 10 days of contact. This was significantly larger than the national average of 70%. 77% of patients ages 12 and older who were screened for clinical depression received a follow-up plan if needed, higher than the national CCBHC average of 51% and much higher than the Indiana CMHC average of 15%. 88% of patients ages 18 and older who were screened for unhealthy alcohol use received brief counseling if needed, higher than the national CCBHC average of 62% and much higher than the Indiana CMHC average of 20%. Ari shifts to CCBHC workforce expansion, showcasing that 488 key staff were hired across all pilot sites.

Ari highlights that CCBHCs must be able to provide one mobile crisis team per county and access to crisis receiving and stabilization services. He provides an email address for any further questions that anyone may have.

Chairman Marilyn Berry-Stamm introduces FSSA Legislative Director Liza Sherman to provide a legislative update.

Liza begins with SEA 1 – Human services matters. This bill establishes the Rural Health Transformation fund, establishes additional SNAP requirements and restrictions, and adds income requirements for Medicaid. Next is SEA 4 – Various fiscal matters. This bill adds language to allow counties to meet local CMHC funding requirements with any funding source and makes some adjustments to CMHC reporting requirements. Next is SEA 91 – syringe exchange program, which extends syringe exchange through July 1, 2031, requires participants to present valid ID, and limits each program to a one-for-one exchange. Next is SEA 92 – Community corrections trust fund. This bill allows counties with community corrections programs to establish a community corrections trust fund. Next is SEA 222 – Family and social services administration matters. This bill adds the 988 crisis response centers and mobile crisis teams as first responders and grants DMHA the authority to certify and establish standards for CPSP’s. Next is SEA 262 – INSPECT program. This bill updates INSPECT program requirements. Next is SEA 285 – Housing matters. Among other things, this bill prohibits unauthorized public camping and defines “gravely disabled” for involuntary commitment. Last is HEA 1296 – Mental health services. This bill requires FSSA to certify reentry and correctional support programs and establishes registration with DMHA for recovery residences.

Chairman Marilyn Berry-Stamm moves on to the member updates section of the agenda. Kiarra Pearson asks if the members are still okay with meeting from 3 PM - 5 PM. The members generally agree that whatever time works for the newer members will work for the current members, with an emphasis on in-person. Laurie Buckner from Buckner’s Place mentions that 2026 will be Buckner’s Place’s 20-year anniversary. Matthew Haughton-Endicott says that the Susan Li Conference is approaching soon and encourages members to attend. Barbara Thompson recounts the NAMI Indiana Mental Health and Criminal Justice Summit from earlier in the month and says it was a success. Heather Rodriguez invites everyone to the monthly Indiana Recovery Network meeting later in the week.

The meeting adjourns.