



Indiana Behavioral Health Commission

Meeting Minutes for October 9, 2020, 1:00 pm - 3:00 pm

Held Virtually at: <https://Indiana.AdobeConnect.com/indiana>

Chairperson: Jay Chaudhary

Minutes

Commission Members Present:

Katy Adams
Christy Berger
Sharon Bowman
Matt Brooks
Carrie Cadwell
Jay Chaudhary
Donna Culley
Mimi Gardner
Timothy Kelly
Brooke Lawson
Ray Lay
Chase Lyday
Anthony Maze
Stephen McCaffrey
Leah McGrath
Christine Negendank
Mike Nielsen
Katrina Norris
Jim Nossett
Barbara Scott
Allison Taylor
Rep. Cindy Ziemke
Senator John Ruckelshaus

Commission Members Absent:

Scott Fadness
Rep. Melanie Wright
Senator J. D. Ford

The following items were discussed:

Item 1: Introductions and Member Information

Outcome:

- Jay Chaudhary introduced self and identified his role as Chairperson as outlined by Senate Enrolled Act 273.
- Special thank you offered to Senator Michael Crider for his work on the legislation creating the Commission.
- Commission Members present provided introductions, role, and their interest in serving on the Commission. Jay Chaudhary supported introductions for those who did not have microphone access who were: Carrie Cadwell, Stephen McCaffrey, Jim Nossett, Anthony Maze.

Item 2: Commission Purpose

Outcome:

- Jay Chaudhary presented Senate Enrolled Act 273 timeline and reporting requirements.
 - Interim Report presented to Commission Members
 - Two Commission Members moved to approve the Interim Report, none opposed. There were no abstentions.
 - **The Interim Report was approved.**

Item 3: Commission Planning

Outcome:

- Jay Chaudhary provided an overview of a survey to be distributed to Commission Members to further information gather on areas of action required in Senate Enrolled Act 273. Commission Members declined questions regarding the survey.
- The Commission engaged in a targeted brainstorming discussion each identifying three priority areas.

See the discussion outcomes in Addendum A to support goal planning.

Item 4: Future Meetings

Outcome:

- The next meeting is Wednesday, December 2, 2020 from 1pm - 3pm.
- The Commission Members requested an alternative platform format due to technology barriers.
- Consider goal development with a focus on cultural awareness and elimination of disparities

Outcomes of Today's Meeting

- The required Interim Report was approved.

Follow-up Action Items:

- Completion of the Commission Member survey for goal development.

A recording of the meeting is available upon request. Please submit your request to Jocelyn Piechocki at jocelyn.piechocki@fssa.in.gov.

Addendum A

Mentioned Priority	Underlying and/or Associated Issues	Member Endorsement	Notes
<p style="text-align: center;">Increased county council involvement in Stepping Up Initiative</p>	<ul style="list-style-type: none"> • Increase access to services for incarcerated individuals • Decrease inappropriate referral of folks experiencing mental health symptoms into the carceral system • Specialized shelters to address needs of populations unable to integrate into the larger community 	<p>Ray Lay Katy Adams Timothy Kelly</p>	<ul style="list-style-type: none"> • Marion, Johnson, and Vandenberg only engaged counties
<p style="text-align: center;">Workforce shortage of mental health professionals</p>	<ul style="list-style-type: none"> • “Red tape” associated with potential practitioners obtaining licensure • Indiana diagnostic permissions stricter than majority of states 	<p>Katrina Norris Brooke Lawson Carrie Caldwell Barbara Scott Katy Adams Katrina Norris</p>	
<p style="text-align: center;">Lack of psychiatric services</p>	<ul style="list-style-type: none"> • Lack of preventative services and early intervention services • Wait time to access services barrier to shift to prevention focus • Lack of addiction treatment for 12+ age group; recovery resources for teens • Lack of early intervention for families 	<p>Sharon Bowman Leah McGrath Jim Nossett</p>	<ul style="list-style-type: none"> • Shortening wait times to access services encourages people to seek services sooner - avoiding crisis
<p style="text-align: center;">Ease in treatment access at all levels</p>	<ul style="list-style-type: none"> • Integrated service delivery systems • Red tape surrounding service billing • Decrease wait time to access services 	<p>Brooke Lawson Carrie Caldwell Leah McGrath Matt Brooks Timothy Kelly</p>	

<p>Expansion of services to those experiencing a mental health crisis</p>	<ul style="list-style-type: none"> Expansion of crisis continuum, mobile crisis, and 23-hour observation units, CCBHC in all counties, specialized shelters Mental health emergencies sent to ER must be transferred out and experience a gap in treatment Follow-up plan for individuals provided emergency/on scene crisis evaluations with connection to outpatient services 	<p>Carrie Caldwell Katy Adams Jim Nossett</p>	<ul style="list-style-type: none"> IDHS has a paramedicine program - potential avenue for mobile response in Indiana
<p>Financial sustainability</p>	<ul style="list-style-type: none"> Evaluation of usefulness/necessity of extant programs currently using funds Evaluation of the fiscal impact of mental health crises, needs, etc. on other state costs Conceptualization of mental health as an economic investment Overreliance on Medicaid - consider alternative funding and reimbursement avenues and structures and their alignment with state goals and objective 	<p>Carrie Caldwell Matt Brooks</p>	
<p>Services across the full spectrum of needs</p>	<ul style="list-style-type: none"> Gap in services for populations between inpatient and outpatient Collaboration of care between all levels No interim options for patients seeking “next level” of care respective to current situation Require agencies to have connections/partnerships with entities able to provide competent care across entire spectrum of needs if unable to personally provide 	<p>Brook Lawson Carrie Caldwell Christine Negendank Diane Lamond Timothy Kelly</p>	<ul style="list-style-type: none"> Utilization review process by insurance companies leads to gaps in care

<p>Increase in leveraging of technology</p>	<ul style="list-style-type: none"> • Technology to address workforce shortages • Retention and expansion of telehealth post-COVID 	<p>Brooke Lawson Carrie Caldwell Jim Nossett Nancy Janszen Katrina Norris</p>	<ul style="list-style-type: none"> • COVID has revealed infrastructural ability to provide remote services to large number of clients - may experience consumer pushback following rollback efforts post-COVID • Border agencies with staff living in other states may experience complication with payout post-COVID • Lack of reimbursement for telehealth - antiquated policy
<p>Expansion of supportive housing</p>	<ul style="list-style-type: none"> • Increase in continuity of care through supportive housing • Expansion of evidence-based recovery housing programs 	<p>Christine Negendank Katy Adams</p>	<ul style="list-style-type: none"> • Housing as treatment
<p>Outcome and treatment collections equity and standardization</p>	<ul style="list-style-type: none"> • Use of evidence-based treatment • Removal of reimbursement for provably detrimental treatment structure • No certification necessary for certain services (i.e. sober housing) • Reduction in clinical variation of treatment 	<p>Timothy Kelly</p>	
<p>Misuse of emergency departments for mental health and addiction related crises</p>	<ul style="list-style-type: none"> • Use of paramedicine programs to fill need for emergency, on-scene evaluation, treatment, and service connection 	<p>Timothy Kelly Jim Nossett</p>	

Additional Considerations:

- How do we design a service delivery system where it works within a population health mentality?
- Traumas that society is experiencing on the individual level are determining health and wellbeing - trauma is ongoing while system is being worked on.
- Need to evaluate goals through lens and focus of addressing social determinants of health.