Indiana Behavioral Health Commission

Meeting Minutes for August 23, 2024
Indiana Government Center
302 W Washington Street, Indianapolis, Indiana
Chairperson: Jay Chaudhary

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Minutes

Commission Members Present

- Jay Chaudhary
- Michelle Clarke
- Senator Michael Crider
- Zoe Frantz
- Representative Victoria Garcia-Wilburn
- Representative Cindy Ledbetter
- Steve McCaffrey
- David Reed
- Kellie Streeter
- Jason Tomsci
- Dr. Rachel Yoder

Commission Members Absent

- Senator Andrea Hunley

Item 1: Welcome and Approval of Minutes from July 10, 2024

- Jay Chaudhary welcomed everyone to the meeting.
- Senator Crider motioned to adopt the minutes of the previous meeting; Representative Garcia-Wilburn seconded the motion. The July meeting minutes were adopted with no changes and full approval from the voting Commission Members.

Item 2: 2024 Behavioral Health Commission Report Draft Review

Part I: Foundations: Infrastructure and Reimbursement

- Section 1.1: 988 Crisis Response System and Certified Community Behavioral Health Clinic (CCBHC) Model Implementations
    - Jay Chaudhary noted the data in this section needed refreshing and requested the addition of "data recent as of" language in front of applicable data.
    - The Commission discussed the desire to have the crisis system framed as a longer-term solution. They discussed how the report should acknowledge the CCBHC expansion plan and the ongoing work this project will require.
        - The CCBHC Demonstration is planned to initially cover 40% of the state.
        - The CCBHC financial projections indicated a doubling of the footprint by the end of the biennium with a range of 80% to 100% coverage by 2027.
        - The Commission wanted to call out that these percentages are estimates and depend on a lot of projections and work by pilot sites and the CCBHC team at the state.
            - Jay Chaudhary noted that there are large differences between Community Mental Health Centers (CMHCs) and CCBHCs in terms of transparency, data reporting requirements, and whole person care metrics. Overseeing CCBHCs at the state level requires significant effort.
            - Steve McCaffrey noted the report should explicitly note that the goal is to eventually have 100% coverage by the CCBHCs.
    - Senator Crider inquired about how the Commission could show projected long-term savings.
        - Jay Chaudhary noted there is some savings information available from other states like Missouri, Oklahoma, and Michigan with similar systems; however, these kinds of cost savings estimates would be estimates in Indiana, as not all of the information needed to make these calculations is available yet.
            - Steve McCaffery suggested the report could include a call out explaining this for legislators.
        - To provide a cost-savings estimate, Jay Chaudhary proposed extrapolating from Mobile Crisis Team (MCT) data to demonstrate how this impacts emergency departments, jails, workforce, foster care, etc.
            - The Commission contemplated including reductions in law enforcement encounters, inpatient services usage, emergency services utilization, and criminal system usage, and increases in workforce retention in these cost-savings estimates.
            - Representative Ledbetter shared the UChicago 2021 Mental Health Cost Calculator and highlighted the statistic that every $1 invested in mental health is a $4 return as a point for potential inclusion in the report in conjunction with MCT data.

        - The Commission settled on using MCT data for an estimate calculation that includes the cost savings from emergency room diversions multiplied by the number of people served.
        - Representative Garcia-Wilburn suggested telling a hypothetical story to demonstrate the impact of these services; Jay Chaudhary suggested including a version of David's story, a fictitious story that is a composite of actual journeys and shows how an individual in crisis can end up in higher intensity settings, such as jail or the emergency room, without these intervention services.
        - Representative Garcia-Wilburn noted that at the Medicaid Advisory Committee (MAC) meeting earlier in the week, there was a discussion on the evidence of upstream outcomes, including other state information about what type of savings and diversionary statistics they are achieving. She suggested including the information that the National Council has shared in the report.
            - Jay Chaudhary requested the 2024 National Council Impact report to be included in the Behavioral Health Commission report as an appendix.
    - Zoe Frantz noted that providers have been receiving federal funds to provide CCBHC services before the state supported CCBHC and questioned how they can account for those outcomes and success stories in the report.
        - Jay Chaudhary noted there is currently no standardized reporting. He noted CCBHC data will tell this story long term as it is a requirement of the demonstration to report this data.
    - Jay Chaudhary noted the mobile crisis team dashboard is currently in beta development but will be made available during the next session.
    - Zoe Frantz noted that the Commission should be cautious that the report does not inadvertently communicate that Indiana is losing coverage given the fact that CMHCs currently cover all 92 counties and CCBHCs do not currently cover all 92 counties.
        - She noted that the report needs to clearly demonstrate that Indiana is building off current CMHC coverage (all 92 counties) and implementing expanded services at the CCBHC pilot sites. She proposed that the report could include a map of current CMHC coverage (100% of the state), 40% of the state with CCBHC coverage, and the end goal of achieving 100% of the state with CCBHC coverage.
- Zoe Frantz inquired whether the full cost projection to get to 100% CCBHC coverage should be included in the report.
    - Jay Chaudhary clarified that the main focus of the report is the 2025 legislative session and stressed the importance of obtaining funding in 2025 to be able to expand in later years. Given the implementation timeline, the 2027 legislation session is when appropriations for full coverage will occur.

            - He noted that the report should make explicit that 1) the roll out of CCBHCs must be successful, and will be monitored closely to track impact, 2) the next Commission report for the 2027 legislative session should include the fiscal ask to get to 100% CCBHC coverage, and 3) quality and cost savings data will be available by 2027 to demonstrate the successes of implementation.
        - Steve McCaffery added that it could be helpful to include language about the Commission's vision for 2027 and beyond to get to 100%, including charging the next Commission with articulating the plan and necessary funding to reach 100% coverage.
        - The Commission confirmed the plan to ask for incremental funding in the report for the next biennium, as opposed to asking for all the funding required to get to state-wide coverage.
    - The Commission agreed that the work of the Behavioral Health Commission should continue in 2026.
        - Senator Crider plans to file legislation that will include the continuation of the Behavioral Health Commission into the next session, with the aim of the next report being due in 2026.
        - Jay Chaudhary proposed that the 2026 report should 1) analyze and report on fiscal progress, coverage, cost savings and 2) lay out a roadmap for full coverage – 2027 and beyond to get to 100% CCBHC coverage.
        - The 2026 report should acknowledge that Indiana is close to meeting the long-term vision and to make it a focus of the 2026 report to identify what is needed to continue this work and push coverage to 100%.
    - The Commission decided to remove the mention of the property tax levy going towards current CMHC funding from the report as it varies by county.

- Section 1.2.B. Enacting Mental Health Parity Legislation
    - The Commission discussed how enforcing parity becomes difficult when there are not service equivalents. They considered how to ensure more accountability for youth services as there are some services, especially those for children, that don't have Medicare equivalences. Ultimately, they noted there may always be pushback if there is not an equivalent service and that more oversight by the Department of Insurance (DOI) could help.
        - Steve McCaffrey also noted that parity should tie to provider reimbursement.
        - Representative Ledbetter raised the issue that a provider that contracts with a third party may not have the same requirements.
        - The Commission decided to include language about the need for accountability for youth services given there may not be equivalence.

Part II: People: Building the Workforce

- Section 2.2: Increasing the BHHS Workforce Pipeline by Sustainably Funding Psychiatry Residency Positions
    - The Commission voted to include the recommendation suggested by Representative Ledbetter for tax credits for preceptors or clinical supervisors to improve the workforce in this section.

Part III: Special Considerations: Behavioral Health Services for Children, Older Adults, and Individuals with Intellectual and Developmental Disabilities

- Section 3.1: Children's Mental Health
    - 3.1.A. Support ongoing and future work through the Children with High Acuity Needs Project (CHANP) and related initiatives
        - The Commission decided the recommendation should more explicitly call out the continuation of the ongoing CHANP work.
        - The Commission discussed potential cost savings of improvements to the children's mental health care continuum for children with high acuity needs.
            - Senator Crider noted that the high costs of supporting students who require out-of-state placements to meet their needs are a concern for educators, as schools are responsible for helping parents arrange and pay for transportation to visit their children.
            - Additionally, David Reed noted that residential care can be more expensive and may not produce the desired outcomes, depending on the child's needs.
        - In conversation about the children's mental health care continuum, the Commission noted that there are children with high acuity needs in the juvenile system that would benefit more from more partial day treatment and respite care options.
            - The Commission also acknowledged the children's mental health care continuum looks different in rural and urban communities.
        - The Commission decided to include in the report that the next Commission should focus on synthesizing and analyzing the children's mental health care continuum with emphasis on children with high acuity needs in conjunction with other groups: Juvenile Detention Alternatives Initiative (JDAI), Youth Justice Oversight Committee (YJOC), and the CHANP Workgroup.
    - Chair Commentary on Residential Settings
        - Jay Chaudhary provided a summary of the Chair's note on residential care settings and explained that the Commission opted to not include a no-eject/reject policy, since adding high acuity youth to a facility without the appropriate staffing to support this population can be very destructive.

Additionally, the Commission noted outcomes are not necessarily better for youth who are placed in residential care and that it is not clinically in the best interest of youth with varying needs to be put together.
    - Instead, the Commission is focusing on recommendations that more collaboratively help the system serve youth with high acuity needs better and include a judicial member on the future Commission.
  - The Commission proposed incorporating the recommendations of the Juvenile Justice Group Report into the Chair Commentary, which are centered around helping prevent children from ending up in the juvenile justice system and DCS offices.
- Section 3.1.B. Promote the Comprehensive School Mental Health Framework
  - The Commission approved specifically calling out the Indiana Department of Education (IDOE) in the recommendation.
- Section 3.1.C. Expand multisystemic therapy for adolescents with severe mental health needs to reduce risk of incarceration and residential treatment
  - The Commission approved clearly stating the need for legislative appropriation in the recommendation.
- Section 3.1.F. Written letter from the Youth Advisory Board
  - The Commission noted that the letter is still being finalized.
- Chair Commentary on Social Media
  - Jay Chaudhary noted that he may add a sentence about banning phones in schools.

- Section 3.2 Older Adults
  - Section 3.2.B. Encouraging age-friendly health systems
    - The Commission requested links be added for the resources referenced in this section.
  - Section 3.2.D. Create a facility for the aging population that provides integrated medical and psychiatric services, with a focus on those with criminal justice system backgrounds
    - The Commission noted that adults with a criminal justice record will be blanket denied to nursing homes and called out the need for facilities for older adults with Serious Mental Illness (SMI).
    - The Commission requested updating the language in the recommendation to “in collaboration with skilled nursing providers and community mental health providers”.

- Section 3.3: Individuals with Intellectual and Developmental Disabilities
  - Section 3.3.A. Work towards a joint waiver for dual diagnosis braided payments
    - The Commission noted that in the long term it will be beneficial to have a waiver that will remove federal silos for these funds and eventually generate massive cost savings.
  - Section 3.3.C. Create a DMHA and DDRS clinical liaison position

- Representative Garcia-Wilburn asked whether creating a clinical liaison position can be done administratively and Jay Chaudhary confirmed.

Part IV: Financial Sustainability

- The Commission discussed adding data on non-cigarette nicotine products, such as vapes or nicotine packages, to the cigarette tax summary. It was noted that data on these products was less available. The Commission requested adding a sentence to consider extending the tax to non-cigarette products.
- The Commission recommended replacing the numbering of financial recommendations with alphabetical ordering to not suggest hierarchy.
- In the "Additional Appropriation" funding recommendation, the Commission requested the removal of "should the general assembly decide against implementing new funding sources".
- The Commission approved language in the report articulating the estimated amount of funding needed this biennium and the overall need for a long-term sustainable funding source. They decided to include the full list of possible funding sources for this work in an appendix, rather than include it in the report section on financial sustainability.
- The Commission discussed how to handle costs associated with recommendations that are not included in the estimated amount needed this biennium to support the 988 and CCBHC continuation. Rather than show complicated modeling for all possible costs, the Commission decided to include language that there are additional costs associated with these recommendations and that additional appropriations may be needed.

Item 3: 2024 Behavioral Health Commission Report Approval

- Senator Crider motioned to approve the content of the report with the Commission's discussed modifications. Kellie Streeter seconded and the Commission approved.
- Steve McCaffrey motioned to authorize the report drafting team to make stylistic and formatting changes. Jason Tomsci seconded and the Commission approved.

Item 4: Additional Considerations and Closing Remarks

- The Commission discussed how the report should be released and decided the Commission's legislative caucuses should put the report out together to indicate this is a collaborative, legislatively mandated endeavor. A joint press release would highlight the completion of the legislative mandate and the report. Other Commission members would then share the report via press releases in addition to promoting the report on local news channels and sharing it in weekly newsletters.
- The Commission decided to add headshots and quotes on why this work is important to each Commission member to the report.
- In closing, Senator Crider thanked the Commission for their participation, and Commission members thanked Senator Crider for being a mental health advocate. Jay Chaudhary closed the meeting expressing gratitude for the collaboration and efforts.