



Indiana Behavioral Health Commission

Meeting Minutes for July 10, 2024
Indiana Government Center
302 W Washington Street, Indianapolis, Indiana
Chairperson: Jay Chaudhary

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

Meeting may be viewed at:
<https://www.youtube.com/@FSSAIndianavideos>

Minutes

Commission Members Present:

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

Commission Members Absent:

Kellie Streeter

Item 1: Welcome and Approval of Minutes from the May 13, 2024 Meeting

1. Jay Chaudhary welcomed everyone to the meeting.
2. Zoe Frantz motioned to adopt the minutes of the previous meeting. David Reed seconded the motion, and all Commission members voted in favor.
3. Jay Chaudhary noted that the goal of the meeting is to discuss and vote on the high-level recommendations that will be included in the 2024 Behavioral Health Commission (BHC) report.

Item 2: Update on 988 and CCBHC Progress - Presented by Jay Chaudhary and Lindsay Potts

1. Senate Enrolled Act 273 of the 2023 legislative session required a report on the Division of Mental Health and Addiction's (DMHA) progress in implementing the 988 Crisis

Response System and Certified Community Behavioral Health Clinic (CCBHC) model. Lindsay Potts, DMHA Director of System Transformation, provided an overview of this progress.

2. 988 is a national three-digit number for reaching the Suicide & Crisis Lifeline. Indiana has made significant progress in using 988 to develop a comprehensive 988 Crisis Response System inclusive of three pillars.
 1. Pillar 1: “Someone to contact”: Inclusive of the 988 number and call centers
 1. Over the last year, there has been a 200% increase in calls and the State has maintained a response rate above 95% (top 10 in the nation). Jay Chaudhary noted that the State made significant investments in federal money in these call centers to help produce these results.
 2. Next steps include working to integrate 988 with 911 and first responders, CCBHCs, community stakeholders, and other crisis providers and ensure that the system is community specific.
 2. Pillar 2: “Someone to respond”: Inclusive of the Mobile Crisis Teams (MCTs) and Pillar 3: “Somewhere to go”: Inclusive of the Crisis Stabilization Units (CSUs) and Crisis Receiving and Stabilization Services (CRSS)
 1. Growth of the system and the number of MCTs and CSUs available has been exponential:
 1. 4 Call Centers and 1 Text/ Chat Center
 2. 20 MCTs funded and 13 MCTs designated
 3. 18 CSUs funded and 12 CSUs Open 24/7
 2. Jay Chaudhary noted that the State has been efficient with getting funding directly out to providers which gives providers the flexibility to build the system quickly.
3. CCBHCs are specially designated clinics that ensure timely access to an integrated and comprehensive range of services, such as 24/7 crisis response and general behavioral healthcare. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of insurance status, age, or place of residence. CCBHC providers receive funding to support the real costs of expanding services to fully meet the need for care in communities.
 1. In June, Indiana was selected to participate in the CCBHC Medicaid Demonstration Program, which offers enhanced federal Medicaid matching dollars for the State to begin implementing the CCBHC model statewide. The State is piloting the CCBHC model in eight competitively selected, geographically diverse clinics and aims for the selected pilots to be fully operating CCBHC services in accordance with State and Federal standards on January 1st, 2025.
 2. The CCBHC model shifts the way that providers are paid and enables the State to tap into a higher federal match, allowing for increased sustainability, ability to meet community needs, and transparency into outcomes and cost of care.
 3. The future state of the behavioral landscape combines aspects of the 988/Crisis and CCBHC system to strengthen and expand services and sustain the system. CCBHCs will be critical providers of crisis care, including MCT and CRSS services.

4. Jay Chaudhary proposed a recommendation that the 2024 BHC Report provide a report on progress on 988 and CCBHC and for the General Assembly to fund the continued expansion of 988 and CCBHC. Zoe Frantz motioned, Representative Garcia-Wilburn seconded the motion, and all Commission members voted in favor.
 1. For inclusion in the 2024 BHC report, Commission members discussed highlighting the total number of individuals impacted by 988 and CCBHC, diversions from law enforcement, jails, and emergency rooms, the CCBHC model's impact on youth and families, and an overall estimated return on investment.

Item 3: Funding Options

1. Jay Chaudhary presented four potential tax options that would generate funds to support the Commission's 2024 recommendations.
2. The 2022 BHC Report recommended a \$1 surcharge on cellphone bills, estimated to generate \$90 million a year in funding. One consideration with a cellphone fee is that its utility is limited because it is regulated by the Federal Communications Commission (FCC).
3. The three new funding options presented include:
 1. A \$1.005 increase per 20 pack of cigarettes would create an additional \$132.6M in revenue generated.
 2. A \$0.10 increase per 12 oz. of beer, 1.5 oz. of liquor, and 5 oz. of wine would create an additional \$254.2M in revenue generated. Alternatively, a \$0.15 increase per gallon would create an additional \$21.8M increase in revenue.
 3. A 5.5% increase in the tax rate of the adjusted gross revenue for sports wagering would create an additional \$19.4M in revenue.
4. For the 2024 BHC Report, the Commission members discussed including a target amount of funding to support each recommendation. The Commission members discussed including five funding options for the legislature to consider: increasing the appropriations or passing the cell phone tax, cigarette tax, alcohol tax, or sports wagering tax.
5. Representative Garcia-Wilburn motioned to recommend all five funding options and include a target funding number, Representative Ledbetter seconded the motion, and all Commission members voted in favor.

Item 4: Other Behavioral Health Recommendations, Discussion, and Voting

4A. The Children with High Acuity Needs Project (CHANP) Recommendations

1. Jay Chaudhary and David Reed from the Department of Child Services (DCS) provided an overview of a cross-agency effort to identify barriers and propose improvement opportunities for serving children with high acuity needs and their caregivers to ensure they can live fulfilling lives in the community.
2. Representatives from DCS, the Department of Education (DOE), the Department of Correction (DOC), and the Family and Social Services Administration (FSSA) (including DMHA) are collaborating on the Children with High Acuity Needs Project (CHANP). The group began work across four workstreams:

1. The Cross-Agency Navigator workstream offers comprehensive cross-agency care coordination support for all state services related to children with high acuity needs.
 2. The Intensive Foster and Respite Care workstream will build a supply of foster parents that are highly trained to provide specialized intensive foster care and respite care for youth with high acuity needs.
 3. The Gatekeeper Process Review workstream will examine the current pediatric gatekeeper process to identify operational, policy, and statutory changes needed to improve and streamline the process.
 4. The Youth Transitional Homes & Family Coaching workstream will pilot the use of community-integrated homes to offer care to youth with high acuity needs, while also providing coaching directly to parents and caregivers.
3. Jay Chaudhary proposed a recommendation to incorporate the CHANP efforts in the 2024 BHC Report recommendations, Senator Crider motioned, Steve McCaffrey seconded the motion, and all Commission members were in favor.

4B. Systematically Bolstering the Children’s Continuum

1. Jay Chaudhary noted that while addressing all the issues within the children’s continuum of care would not be achievable within this one budget session, making recommendations will demonstrate a commitment to taking action.
2. Jay Chaudhary proposed a recommendation to promote the Comprehensive School Mental Health Framework, discussed at the May Commission meeting, within schools and to provide them the tools to incorporate the framework. Senator Hunley motioned, Jason Tomsci seconded the motion, and all Commission members were in favor.
3. Jay Chaudhary proposed a recommendation to target the increase in the amount of no eject/reject placement facilities, to allow for a place for kids to go to when it is no longer safe for them or their peers to stay in the community. This would involve giving providers higher rates in exchange for them following the no eject/reject policy.
 1. The Commission discussed that it is not always possible from a provider perspective to follow such a policy and that incentives for providers would need to be clear and sufficient. There was a general concern on the feasibility of carrying a bill with such a recommendation given data in other states has provided mixed results on similar policies.
4. Jay Chaudhary suggested moving away from a recommendation on this specific policy and instead calling out this issue within the 2024 BHC report.

4C. Mental Health Parity

1. Steve McCaffrey noted that currently, one of the main issues with mental health parity is that parity legislation does not apply when services are carved out to a contractor not in network. He recommended proposing legislation that requires provider reimbursement parity tied to Medicare rates and deems any mental health carve out to be part of the insurer’s network.
2. The Commission discussed the current lack of enforcement mechanisms on parity and suggested that the Department of Insurance (DOI) be this mechanism for the State. The Commission also discussed ensuring there is administrative burden parity for mental health services, consumer-centered recommended legislation, and language included in

the 2024 BHC report that limits insurance company's abilities to trade out-of-pocket costs for higher premiums.

3. Jay Chaudhary proposed a recommendation for parity legislation that requires provider parity reimbursement indexed to Medicare rates, deems carve-outs to be in network, considers consumer co-pays and the administrative burden, and considers giving enforcement authority to DOI. Representative Ledbetter motioned, Steve McCaffrey seconded the motion, and all Commission members voted in favor.
4. Jay Chaudhary proposed a recommendation for the General Assembly to fund Indiana FSSA's Medicaid Rate Matrix work to continue and to implement the results of the Rate Matrix review. Representative Garcia-Wilburn motioned, Zoe Frantz seconded the motion, and all Commission members voted in favor.

4D. Workforce Strategies

1. Gina Woodward, DMHA Director of Behavioral Health Workforce Development, shared an overview of the current state of the behavioral health workforce in Indiana and the resulting education outcomes, emphasizing the intense need for behavioral health to be part of statewide conversation on workforce.
2. Gina Woodward proposed a recommendation to eliminate barriers to licensure by:
 1. reviewing and improving the articulation of the statute that guides licensing;
 2. ensuring licensing fees are going to the Indiana Professional Licensing Agency (IPLA) to build infrastructure support for licensing processes; and
 3. reviewing timelines related to temporary license, reciprocity, and eligibility to provide reimbursable services.
3. Gina Woodward proposed a recommendation to address the impact of high-cost education and low wages on recruitment and retention by:
 1. ensuring adequate funding for behavioral health professionals through the Medicaid Rate Matrix; and
 2. implementing enhanced marketing to support recruitment, provide up-to-date information on licensing, and to reduce the stigma associated with behavioral health careers.
4. Gina Woodward proposed a recommendation to strengthen the talent pipeline by:
 1. including career areas that have a high social impact level into high school graduation pathways;
 2. formalizing clinical supervision by establishing an endorsement/credential or administrative process to recognize qualified supervisors; and
 3. establishing supervision standards.
5. The Commission discussed tying these recommendations to reimbursement rates, as well as highlighting unnecessary punitive administrative procedures. Additional ideas were including Occupational Therapists and Nurse Practitioners as treatment extenders, providing funding for supervision, potentially credentialing individuals below twenty-four, and ensuring existing loan reimbursement opportunities are being taken advantage of.
6. Jay Chaudhary proposed a recommendation to approve Gina Woodward's proposals, to provide paid supervision and internships, to ensure collaboration between DMHA and the Behavioral Health board, to include Occupation Therapists and Nurse Practitioners as treatment extenders, and to include information on the associated discussion points in the

2024 BHC report. Steve McCaffrey motioned, Representative Garcia-Wilburn seconded the motion, and all Commission members voted in favor.

4E. Other Behavioral Health Commission Report Recommendations Continued

1. Dr. Yoder proposed a recommendation to adopt a higher reimbursement rate for Multisystemic Therapy, an evidence-based intensive therapy for adolescents at risk of extensive out-of-home placements. Steve McCaffrey motioned, Senator Hunley seconded the motion, and all Commission members voted in favor.
2. Dr. Yoder proposed a recommendation to sustain access to two provider psychiatry consultation programs through a pooled insurance funding mechanism or general fund appropriations. David Reed motioned, Senator Hunley seconded the motion, and all voted in favor.
3. Dr. Yoder proposed a recommendation to provide funding for residency positions. Representative Garcia-Wilburn motioned, Jason Tomsci seconded the motion, and all Commission members voted in favor.
4. Jay Chaudhary proposed a recommendation to change the title of bachelor's degree level wrap facilitator to a different term than Behavioral Consultant. Dr. Yoder motioned, Representative Ledbetter seconded the motion, and all Commission members voted in favor.
5. Jay Chaudhary proposed a recommendation to create a clinical liaison between DMHA and Division of Disability and Rehabilitative Services (DDRS) in statute. David Reed motioned, Michele Clarke seconded the motion, and all Commission members voted in favor.
6. Zoe Frantz proposed a recommendation to create a joint waiver for dual diagnosis braided payments. Representative Garcia-Wilburn motioned, David Reed seconded the motion, and all Commission members voted in favor.
7. Zoe Frantz proposed a recommendation to review system standard requirements (for DCS, Medicaid, DMHA, etc.) for staff qualifications to provide services, as well as requirements for reports to remove unnecessary barriers to and inefficiencies in service provision. Senator Crider motioned, Representative Ledbetter seconded the motion, and all Commission members voted in favor.
8. Zoe Frantz proposed a recommendation to infuse the behavioral health system with parent and family education regarding developmental stages of children (ex. CDC's Learn the Science). David Reed motioned, motion was seconded, and all Commission members voted in favor.
9. Zoe Frantz proposed a recommendation to create an operational per diem for group homes for Indiana's Serious Mental Illness (SMI) population. Representative Ledbetter motioned, Senator Hunley seconded the motion, and all Commission members voted in favor.
10. Representative Garcia-Wilburn proposed a recommendation for sustainable funding for first responder mental health and resiliency training. Steve McCaffrey motioned, David Reed seconded the motion, and all Commission members voted in favor.
11. Representative Garcia-Wilburn proposed a recommendation for the expansion of education training for discipline specific mental health and resiliency training. Representative Ledbetter motioned, Senator Hunley seconded the motion, and all Commission members voted in favor.

12. Jason Tomsci proposed a recommendation to standardize data collection (potentially through creating a new staff position) across state agencies that interact with older adults in Indiana with behavioral health challenges. Senator Hunley motioned, Senator Crider seconded the motion, and all Commission members voted in favor.
13. Jason Tomsci proposed a recommendation to encourage more health and mental health systems to become age friendly. Senator Crider motioned, Senator Hunley seconded the motion, and all Commission members voted in favor.
14. Jason Tomsci proposed a recommendation to end the mandatory contractual collaborative practice agreement between Advanced Practice Registered Nurses (APRNs) and physicians. Jason Tomsci motioned, Representative Ledbetter seconded the motion. Dr. Yoder voted no, Jay Chaudhary abstained, and all other Commission members voted in favor.
 1. The Commission discussed the burden of these agreements on APRNs and the potential increase in access to care in rural areas if these agreements were to be removed, as APRNs are limited to working in areas where they can find someone to collaborate with them. Commission members raised that these agreements only require physicians to sign off on 5% of an APRN's work, creating significant burden for only minimal oversight and that when the agreement requirements were suspended during covid, there were no negative impacts, suggesting the agreements are unnecessary.
 2. Jay Chaudhary shared his perspective that these are competing tradeoffs between two entirely good faith positions. On one side there is a push for more access and on the other, there are patient-centered concerns on the quality of education.
 3. Dr. Yoder shared her concern that since APRNs are in all fields of medicine and not just behavioral health, a recommendation here would be beyond the scope of the Commission.

Item 5: Closing Remarks

1. Jay Chaudhary noted that the next steps for the Commission would be to review the draft 2024 BHC Report recommendations. The next meeting date would be set for late August.
2. Senator Crider proposed a recommendation to continue the work of the Behavioral Health Commission. Senator Crider motioned, Zoe Frantz seconded the motion, and all Commission members voted in favor.
3. Jay Chaudhary thanked the Commission members and adjourned the meeting.