
October 2024

**INDIANA
BEHAVIORAL
HEALTH
COMMISSION**

LEGISLATIVE SUMMARY

LEGISLATIVE RECOMMENDATION SUMMARY

2024 Indiana Behavioral Health Commission recommendations that require legislative action include but are not limited to the following:

- 1.** The General Assembly should continue the existing Community Mental Health Fund appropriation of \$50M per year (See Section 1.1.C).
- 2.** The General Assembly should increase the Community Mental Health Fund and/or implement one of the other recommended funding options detailed in Appendix F of the INBHC Report to cover the additional costs necessary to maintain the state's crisis footprint and fully fund the state share of the CCBHC Demonstration Program (See Section 1.1.C).
- 3.** The General Assembly should enact parity legislation that (1) requires provider parity reimbursement indexed to Medicare rates, where applicable, (2) ensures parity for youth services that may not have comparative Medicare rates (3) deems carve-outs to be in network, (4) considers consumer co-pays and the administrative burden, and (5) increases the enforcement authority of the Indiana Department of Insurance (See Section 1.2.B).
- 4.** The General Assembly should support sustainable funding for the Indiana Behavioral Health Access Program for Youth (Be Happy) and Indiana Consultations for Healthcare Providers in Addiction, Mental Health, and Perinatal Psychiatry Program (CHAMP), two established and well-utilized programs that increase workforce by supporting primary care providers in caring for their patients' mental health needs (See Section 2.1.A).
- 5.** The General Assembly should consider a model which requires insurance carriers operating within Indiana to proportionally share in program cost based on covered lives/month and involves development of a board with representatives from relevant state entities (e.g., DMHA, IDOH), health insurance carriers, and providers to administer insurance assessments, manage funds, and ensure ongoing services. This model has been used successfully in other states to support similar programs.

Appendix D.2 of the INBHC Final Report includes draft language for a Behavioral Healthcare Funding Act to create a program designed to stabilize and enlarge funding for Be Happy, CHAMP, the Adolescent Addiction Access (AAA) Program, and to make funding possible for similar programs intending to address the shortage of resources in behavioral healthcare for residents of the state (See Section 2.1.A).

- 6.** The General Assembly should end collaborative practice agreements between Advanced Practice Registered Nurses (APRNs) and physicians to ensure consumers direct access to clinicians (See Section 2.1.C).
- 7.** The General Assembly should fund ongoing mental health and resiliency support for law enforcement and first responders statewide (See Section 2.1.D).
- 8.** The General Assembly should implement a sustainable funding mechanism such as legislative appropriation for psychiatry residency positions. Directed appropriations to the GME Board or the Medical Residency Education Fund may be used to target the public expansion of psychiatry residencies in Indiana (See Section 2.2).
- 9.** The General Assembly should appropriate funding to help streamline the process for individuals receiving an initial license. The funding could support the creation of a new Education and Reciprocity Coordinator position for the BHHS Board to liaise with academic institutions and support streamlined licensing. This position would be charged with:
 - Reviewing existing regulations related to licensing and removing redundant requirements. This could include streamlining the requirement for applicants to graduate from an accredited program and complete specific coursework as accreditation is a confirmation of required content.
 - Reviewing all degree programs determined by the BHHS Board as requiring specific courses or course content to qualify an individual for licensure application and identifying opportunities for program alignment with licensure requirements (See Section 2.3.A).
- 10.** The General Assembly should appropriate additional funding to the Indiana Professional Licensing Agency (IPLA) to ensure adequate funding for operational costs. This is to ensure the IPLA has sufficient resources to offer timely review and processing of licensure applications from BHHS professionals and avoid bottlenecks in the licensing process (See Section 2.3.A).

- 11.** The General Assembly should conduct statutory and budget language changes to ensure BHHS licensing fees are going to the IPLA to build infrastructure support for BHHS license processing (See Section 2.3.A).
- 12.** The General Assembly should enact parity legislation, as this will ensure adequate funding for BHHS professionals through the Medicaid Rate Matrix, including for Certified Peer Support Professionals (CPSP) and Community Health Workers (CHW). Ensuring adequate funding during the next biennium's Medicaid Rate review and including the CPSPs (qualified treatment extenders with lived experience) and CHWs (qualified entry level behavioral health workforce) in the Matrix will assist with talent pipeline development and improve capacity for clinicians (See Section 2.3.B).
- 13.** The General Assembly should incentivize the pathway to practice by enacting a state income tax credit for qualified licensed BBHS that participate in clinical training with interns and conduct clinical supervision for individuals completing clinical experience hours required for BHHS licenses. Other states have implemented a similar preceptorship income tax credit, leading to significant outcomes and increased preceptors. The preceptorship income tax credit recognizes that resources are required to support future BHHS seeking licensure and intends to incentivize licensed BHHS to step-up as preceptors (See Section 2.3.C).
- 14.** The General Assembly should support and fund the continuation of the on-going and future work to improve Indiana's systems of support for children with high acuity needs and their families (See Section 3.1.A).
- 15.** FSSA, IDOE, and the General Assembly should ensure that all schools in Indiana have the resources to implement the Comprehensive School Mental Health Framework to address the social, emotional, behavioral, and mental health needs amongst students and their communities (See Section 3.1.B).
- 16.** FSSA should create—and the General Assembly should fund—a group home room and board per diem for all SMI group homes to meet the needs of current beds and ensure no additional beds would close. (See Section 3.2.C).

17. The General Assembly should appropriate ongoing capital funding to support group homes that are adding additional beds and renovating current homes to meet the needs of the aging population (See Section 3.2.C).

18. The General Assembly should appropriate ongoing funding for programs such as Southwestern's "one-stop shop," with a long-term goal of using lessons learned to create a Medicaid waiver that allows for braiding of I/DD and mental health funding. (See Section 3.3.A).

19. The General Assembly should reestablish the Behavioral Health Commission in the 2025 legislative session with a final report due to the legislature by October 1, 2026.

The next Commission should 1) analyze the children's mental health care continuum across urban, rural, and mixed communities, specifically looking at the children with high acuity needs and juvenile justice youth populations, 2) collaborate with the Juvenile Detention Initiative (JDAI), Youth Justice Oversight Committee (YJOC), and Children with High Acuity Needs workgroup, 3) analyze and report on the fiscal progress, cost savings, impact and coverage of CCBHCs, and 4) develop a roadmap for full-state coverage for CCBHCs including the amount of funding that will need to be requested in the 2027 legislative session. (See Section 5).