

Indiana Behavioral Health Commission

Wed., Dec. 2, 2020 (1 p.m. EST)

Public comments and/or
questions may be submitted
via email to
BxHealth.Commission@fssa.in.gov.



Continuum of Care

Behavioral Health Commission

December 2, 2020

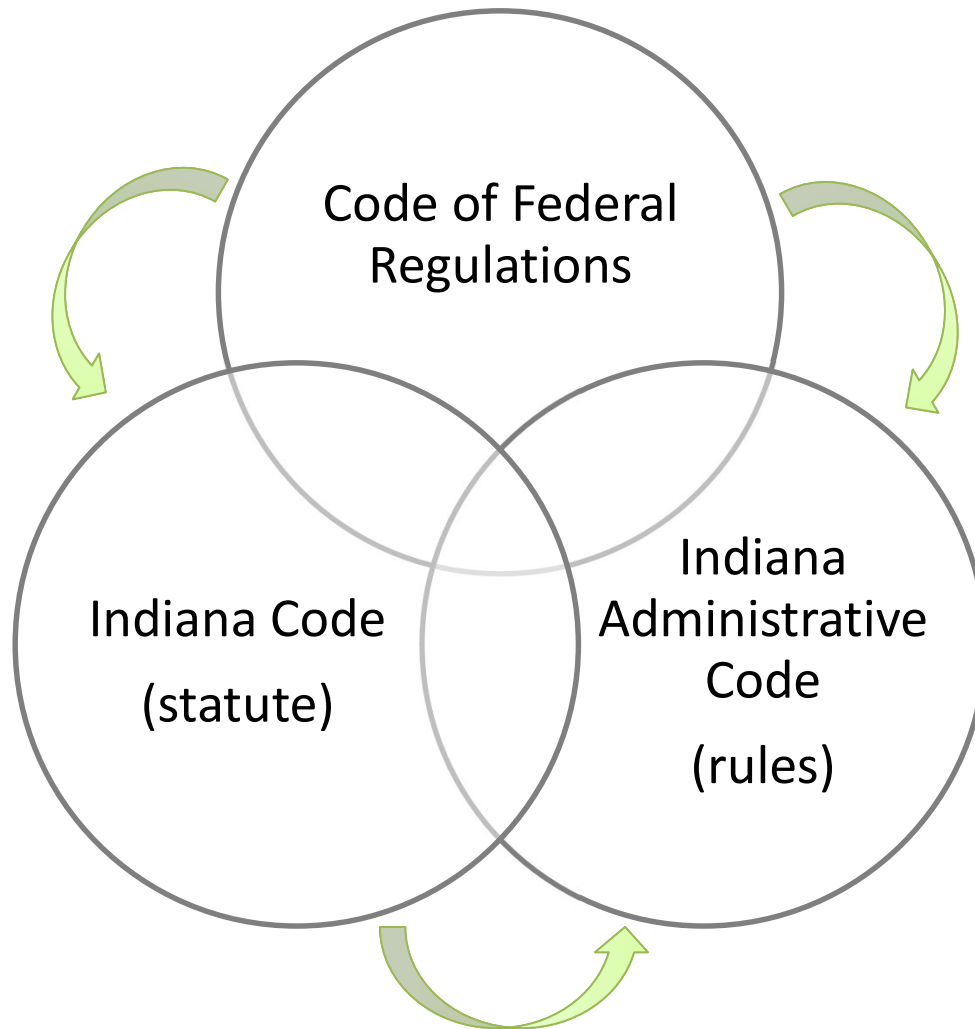
Erin Quiring

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Certification & Licensure Analyst

Regulations



Types of Licensure/Certification



- 440 IAC 1.5 - Private Mental Health Institutions
- 440 IAC 4.1 - Community Mental Health Centers
- 440 IAC 4.4 - Addiction Service Providers
- 440 IAC 7.5 - Residential
 - ASAM designation
- 440 IAC 10 - Opioid Treatment Programs

[Indiana Administrative Code](#)

Community Mental Health Centers



- Certified under 440 IAC 4.1, contracted with DMHA
- Populations to be served:
 - SMI - Adults with serious mental illness
 - SED - Youth with serious emotional disturbance
 - CA/SUD - Individuals with substance use disorders

This map denotes the designated areas of Indiana's Community Mental Health Centers. Community Mental Health Centers provide mental health and substance use treatment to individuals of all ages.

→ Arrows represent additional designated areas



The Continuum (440 IAC 4.1/9)



- A. Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed in this subdivision.
- B. Twenty-four (24) hour a day crisis intervention.
- C. Case management to fulfill individual patient needs, including assertive case management when indicated.
- D. Outpatient services, including the following:
 - (i) Intensive outpatient services.
 - (ii) Substance abuse services.
 - (iii) Counseling and treatment.
- E. Acute stabilization services, including detoxification services.
- F. Residential services.
- G. Day treatment.
- H. Family support services.
- I. Medication evaluation and monitoring.
- J. Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.



Outpatient Services



- Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed in this subdivision.
- Case management to fulfill individual patient needs, including assertive case management when indicated.
- Medication evaluation and monitoring.



Outpatient Services (cont.)



- Outpatient services, including the following: intensive outpatient services, substance abuse services, and counseling and treatment.
 - Comprehensive, coordinated, and structured set of therapeutic interactions
 - Established office hours, including evenings and/or weekends
 - Available within an hour's travel time throughout primary service area
- Twenty-four (24) hour a day crisis intervention.
 - Toll-free or local number, answered by individuals trained to recognize crises
 - Must have ability to connect with a trained clinician by phone and/or at a designated safe place for face-to-face assessment
- Day treatment.
 - Less than 24-hour care
 - Well-defined and structured activities that include activities of daily living, vocational services, treatment groups, etc.



Outpatient Services (cont.)



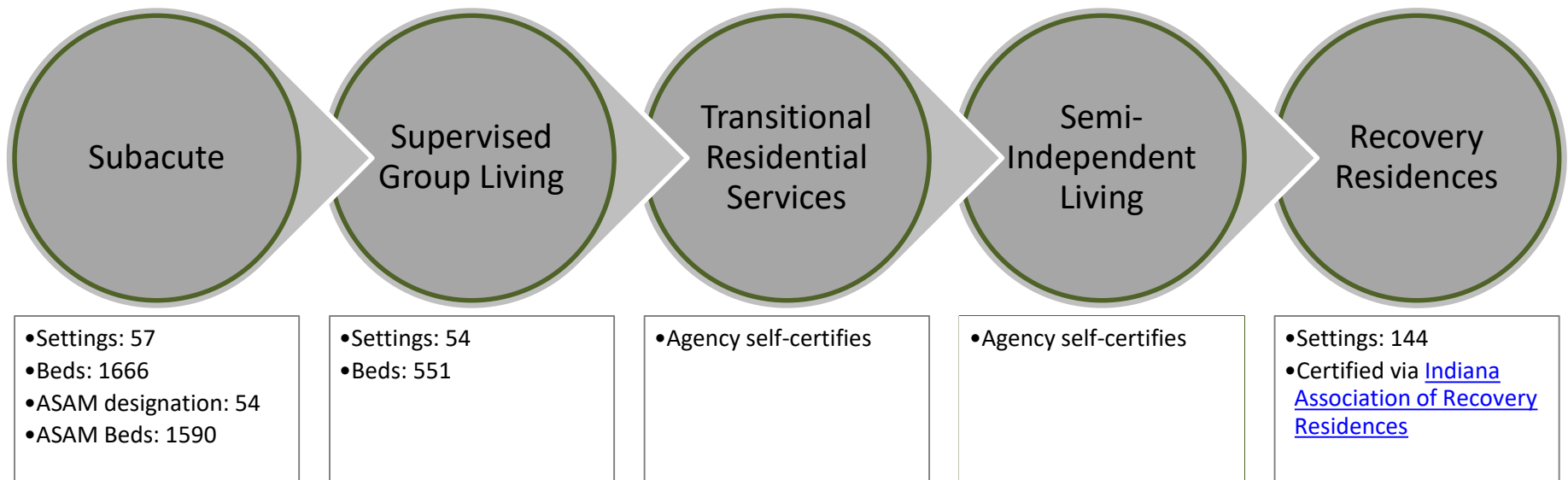
- Family support services.
 - Opportunities for family involvement will be identified and reassessed
 - Individuals identified as source of support shall be invited to be involved in treatment planning, with consent
- Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.
 - Review of commitments and gatekeeping for state psychiatric hospitals
 - Ensuring range of community support programs and crisis alternatives
 - Administrative and supervisory functions that manage the care provided to ensure consumers receive appropriate care





Residential

- For adults with psychiatric disorders
- For adults with addictions



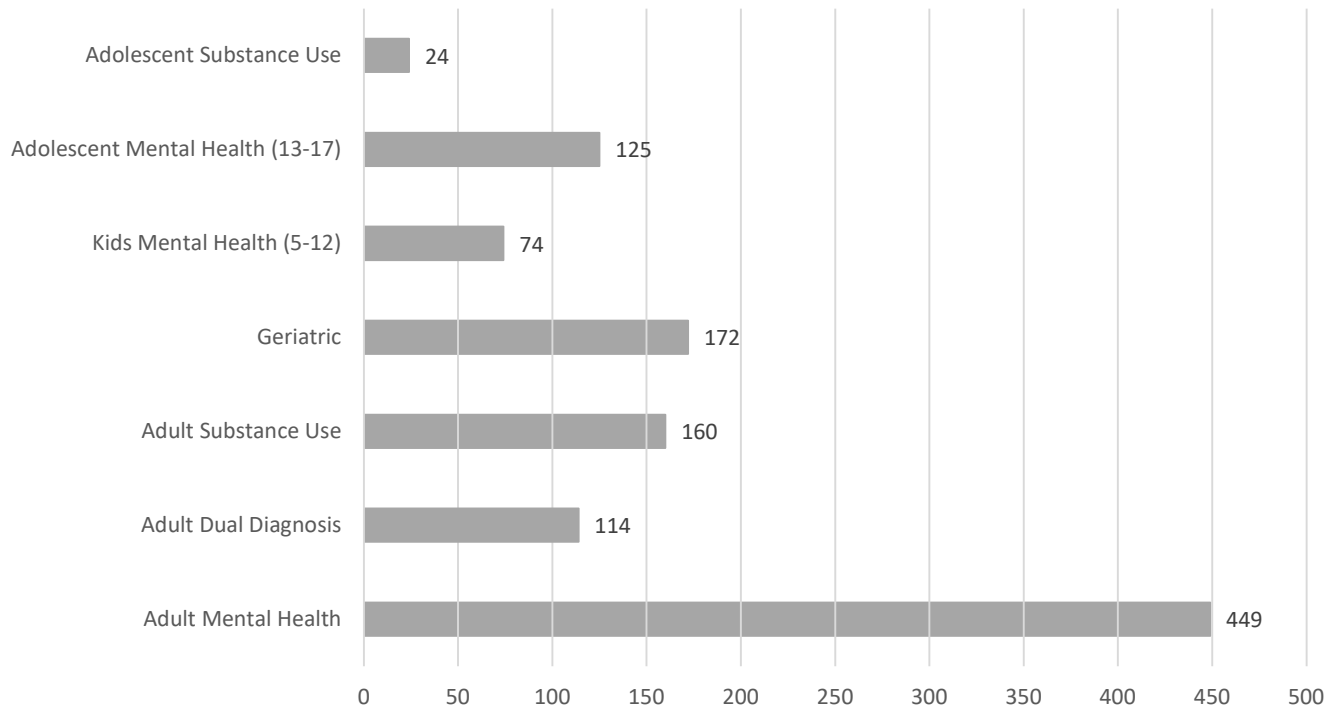
*Alternative Family for Adults is in 440 IAC 7.5, there are currently no agencies that indicate they are providing this service.

Acute stabilization



- Inpatient care for all populations served, including detoxification.
 - Total licensed facilities: 29
 - Total beds: 1,129

Number of Beds at DMHA-licensed Facilities
(Agency Self Report – SFY19)





Other Considerations

- Non-continuum treatment providers
 - Certified addiction services (non-CMHC, non-PMHI): 228
 - ASO: 169
 - ASR: 59
 - Opioid treatment programs: 22
 - Office-based opioid treatment
 - Free-standing mental health services
 - Recovery residences
 - DCS-certified youth residential
 - ISDH-licensed hospitals
- Other continuums/systems
 - Substance Use: TI-ROSC, Comprehensive Addiction Recovery Centers (CARC), ASAM Criteria/Levels of Care
 - Youth: CMHW/CMHI, Systems of Care
 - Integrated Care, BPHC/AMHH
 - Criminal justice





Questions?



Additional Resources





Federal Codes

- [42 CFR §410.2](#) - Definition of Community Mental Health Center (CMHC)
- [42 CFR §485.900 - §485.920](#) - CMS Conditions of Participation





Indiana Code

- [IC 12-21-2](#) Director of the Division
 - Adopt rules for private mental health institutions, residential programs, certifying CMHCs
 - Establish standards for services described in [12-7-2-40.6](#)
- [IC 12-21-5](#) Duties of the Division
 - [IC 12-22](#) Services for Persons with Mental Illness
 - [IC 12-23](#) Bureau of Addiction Services
 - [IC 12-25](#) Licensure of Private Mental Health Institutions



Indiana Behavioral Health Commission (IBHC) Survey

Presented by: Division of Mental Health
and Addiction (DMHA) IBHC Team



SEA 273

Behavioral Health Commission



The commission shall prepare the following two (2) reports:

- 1) An interim report due not later than October 1, 2020.
- 2) A final report due not later than October 1, 2022.

The reports described in (the subsection of the legislation) must address issues in the following four (4) areas:

1) Assessment and inventory:

- a) Suicide
- b) MH conditions and disorders
- c) SUD's,
- d) Childhood Trauma)

2) Funding and data:

- a) Mental health systems.
- b) Access to mental health systems.
- c) Mental health providers.
- d) Funding for mental health systems and providers.

3) Youth and Families

- a) Suicide Prevention
- b) Early Intervention for MH related issues
- c) Treatment for Substance Use Disorder (SUD)

4) System Design and Access

- a) Suicide Prevention
- b) Early Intervention for MH related issues
- c) Treatment for SUD



Additional Tasks include:

1) Review mental health and substance abuse funding sources.

A review conducted under this subdivision must include a review of the following:

- | | |
|-------------------|----------------------|
| A) Medicaid | C) Local Tax Revenue |
| B) Recovery works | D) Block Grants |

2) Make recommendations concerning funding priorities and funding levels for mental health programs and services in Indiana.

3) Establish the cost of untreated mental illness.

4) Evaluate the efficacy of the Data Assessment Registry Mental Health and Addiction (DARMHA) system and make recommendations for improving Indiana's current assessment and data system.

IBHC Survey Purpose



57% Response Rate Among Commission Members

1. The survey will help to identify each commission member's:

- Priorities
- Experience
- Expertise

2. Identify barriers within:

(MH=Mental Health)

- MH Systems
- MH System Providers
- Access to MH Systems
- MH System Funding

3. Identify Commission Mission and Goals

Survey Purpose 1

Member Priorities and Experience



Member Survey Questions 1-3

Q01. In which of the four areas below that the Behavioral Health Commission is required to report on do you feel your role and experience best aligns?

Q02. The Behavioral Health Commission will assess and evaluate the following 'behavioral health' issues in Indiana specifically: suicide, mental health conditions and disorders, substance use disorders, and childhood trauma. Please rate these priorities in order from 1-4 by level of importance to you.

Q03. The Behavioral Health Commission will assess and evaluate the following mental health issues specifically: suicide, mental health conditions and disorders, substance use disorders, and childhood trauma. Based off this full list, which area do you have the most expertise in either professionally or personally?

Survey Purpose 2

Identify Barriers



Survey Member Questions 4-7

Q04. Based off of your personal experience and observations please describe three barriers related to *Mental Health Systems in Indiana* that you are aware of.

Q05. Based off of your personal experience and observations please describe three barriers related to *Accessing Mental Health Systems in Indiana* that you are aware of.

Q06. Based off of your personal experience and observations please describe three barriers related to *Mental Health Providers in Indiana* that you are aware of.

Q07. Based off of your personal experience and observations please describe three barriers related to *Funding for Mental Health Systems and Providers in Indiana* that you are aware of.



Survey Purpose 3

Identify Members Experience & Expertise

Survey Member Questions 8-13

Q08. For which of the following areas would you be interested in exploring evidence based practices?

Q09. Are you familiar with whole health models and/or integrated care paradigms?

Q10. Are you familiar with value based systems in behavioral health models?

Q11. Are you familiar with Indiana's 2018 School Safety Recommendation Report?

Q12. Do you have any experience with evaluating the cost of untreated mental illness?

Q13. How much experience and/or knowledge do you have around evidence based preventative programs and/or treatment for youth in K-12 grade levels?



Survey Purpose 4

Identify Mission and Goals

Survey Member Questions 14-19

Q14. What is the primary reason you chose to participate in Indiana's Behavioral Health Commission?

Q15. What do you hope to accomplish by participating in the Behavioral Health Commission?

Q16. What do you personally believe the mission is for the Behavioral Health Commission?

Q17. In your own words what do you understand the goals to be for the Behavioral Health Commission?

Q18. Are there other subject matter experts and or stakeholders within the state or community that you believe have the expertise that can assist the Behavioral Health Commission in achieving it's overall goal or mission?

Q19. Is there anything else that should be considered at this time or that you would like to share to assist with this process?



Identified Barriers Overview

Q4-7 & Indiana Recovery Council (IRC) Survey

- Major priorities of IBHC were identified in October meeting
- Through September, the IRC conducted a 4-week survey of people in recovery and accessing services to gain insight into consumer experience
 - 199 individuals responded to survey
 - 43 responses related to barriers were collected
- IBHC conducted Commission member survey in November collecting Commission member thoughts on MH Systems barriers
- Commission member- and consumer-identified barriers were compared and grouped with previously identified IBHC priorities



Identified Barriers

Top Answers for Each Category

MH Systems	MH Systems Access	MH Providers	MH Funding
<ul style="list-style-type: none"> • Lack of funding • Workforce shortages • Complicated insurance systems and regulations; bureaucracy • Limited service spectrum • Low reimbursement rates 	<ul style="list-style-type: none"> • Lack of insurance • Workforce shortages • Unequal access across regions • System difficult to navigate • “Silo-ing” of healthcare systems • Cost of treatment with/without insurance 	<ul style="list-style-type: none"> • Lack of funding • Workforce shortages • Complicated credentialing processes • Limited service spectrum • Low reimbursement rates 	<ul style="list-style-type: none"> • Lack of funding • Lack of funding for innovative services • Medicaid monopolization • Convoluted funding and reimbursement system



Identified Barriers

Top Barriers Overall

- The system is too complicated to navigate for providers and consumers alike
- There is not enough funding for existing services or new, innovative services
- Treatment costs are too high and are not reimbursed fairly, equally, or adequately
- Insurance is difficult to obtain and manage
 - Getting a treatment deemed “medically necessary” by insurance is complicated, difficult, and impedes the treatment process
- Workload, low reimbursement rates, and overflow of consumers in need of special services contributes to high turnover and workforce shortages in the public health sphere
- Indiana does not allow diagnosis at the LCSW, LMHC, and LFMT levels, which contributes to long wait times for clients, insurance hold-ups, and difficulties with service access



Next Steps:

- Review Barriers
- Review/Evaluate Funding Sources
- Maintain speaker list of SME's (ongoing collection)
- Schedule Subject Matter Expert (SME) Presentations as needed for assessment/evaluations
- Presentations from SME's specific to:
 - Whole Health Models/Integrated Care
 - Value Based Systems in Behavioral Health
 - 2018 School Safety Recommendation Report

Questions?



Brought to you by:
Indiana's Division of Mental
Health and Addiction IBHC Team

A Magic Wand for Mental Health





Discussion Framework

- Some requests:
 - Transparency
 - Objective, solution-focused approach
 - A commitment that the landscape *can* improve
 - Group dedication to a vision of improved care across the state



A Look Back...

- In the past decade, there have been many improvements in the MH/SUD treatment landscape
- What sorts of improvements have you seen?

If You Had a Magic Wand...



- If you had all the funding you needed, how would our treatment framework look different in the following areas:
 - Clinical Supervision and Training
 - Documentation and Data Collection
 - Quality Assurance
- Describe your perfect picture!

A Bit Deeper...

If you had all the funding you needed, how would our treatment framework look different in the following areas:

- Treatment Intake/Episodes
- Suicide Prevention
- Access to services
- Service type ratios (Therapy vs. skill building vs. case management vs. medication management etc...)
- Clinical Supervision and Training
- Documentation and Data Collection
- Quality Assurance
- Cultural Competency/Culturally-Responsive Practices



Where Are We Now?

Let's decide a percentage of where we believe ourselves to be on these topics:

- Treatment Intake/Episodes
- Suicide Prevention
- Access to services
- Service type ratios (Therapy vs. skill building vs. case management vs. medication management etc...)
- Clinical Supervision and Training
- Documentation and Data Collection
- Quality Assurance
- Cultural Competency/Culturally-Responsive Practices



The Road to 100%

What is ONE thing we can do to cause the most high-value change in each of these areas (outside of funding)?

- Treatment Intake/Episodes
- Suicide Prevention
- Access to services
- Service type ratios
(Therapy vs. skill building
vs. case management vs.
medication management
etc...)
- Clinical Supervision and
Training
- Documentation and Data
Collection
- Quality Assurance
- Cultural
Competency/Culturally-
Responsive Practices





What Else?

- What areas are we missing?
- What states are doing well in the areas where we are lacking?
- What contributes to disparities in quality of care across the state?

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THIS MEETING HAS CONCLUDED.

THANK YOU.