Indiana Behavioral Health Commission

https://www.in.gov/fssa/dmha/indiana-behavioral-health-commission/

February 26, 2021, 1:00 pm - 3:00 pm

Public meeting access can be found at: https://www.in.gov/fssa/dmha/indiana-behavioral-health-commission/

Minutes

Commission Members Present:

Katy Adams
Christy Berger
Sharon Bowman
Matt Brooks
Carrie Cadwell
Jay Chaudhary
Donna Culley
Mimi Gardner
Rachel Halleck
Timothy Kelly
Brooke Lawson
Ray Lay
Chase Lyday
Anthony Maze
Stephen McCaffrey
Leah McGrath
Christine Negendank
Mike Nielsen
Katrina Norris
Jim Nossett
Barbara Scott

Commission Members Absent:

Scott Fadness

Allison Taylor was represented by Dr. Ann Zerr at FSSA's Office of Medicaid Policy and Planning (OMPP)

Guests Present:

Dr. Kory Carey, Deputy Director of Policy and Division Collaboration

Denise Wade, Indiana Council of Community Mental Health Centers, Inc.

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

The commission members were notified the live recording and livestreaming for the public was in progress.

The following items were discussed:

Item 1: Commission Member Roll Call

Item 2: Overview of the Meeting Topics

Outcome:

- J. Chaudhary outlined this meeting would focus on finance of behavioral health care.

Item 3: Review of December 2, 2020 Minutes

Outcome:

- The Commission voted on the minutes.
    - M. Brooks moved to approve the minutes, seconded by R. Lay, none opposed, there were no abstentions, the minutes were approved.

Item 4: Public Financing

Outcome:

- J. Chaudhary presented an overview of State appropriations for fiscal year 2021, an overview of federal funding sources, and an overview of funding challenges in behavioral health care.
    - C. Cadwell requested additional information "of how Medicaid managed care works in relationship to State and in particular education on "in lieu of" Medicaid options."
- Dr. Maria Hanzlik, PsyD, HSPP presented an overview of funding for the private sector of behavioral health care including, financial sustainability, reimbursement examples, threats of "clawback" and imposition of inappropriate care guidelines and proposed solutions.
    - Proposed solutions include an annual cost of living increase for private practitioners, a rate increase based on merit, include incident-to-billing services permitted across payors (this supports addressing barriers related to supporting trainees as well), and insurance company collaboration with mental health associations to support a solution-oriented collaboration.
        - C. Cadwell shared organizations experience similar pressures and barriers, questioned why private providers do not bill/accept Medicaid?

        - A: Medicaid is one of the lowest payors, the documentation requirements are burdensome (includes treatment plan reviews), limitations in plans (units), and delays in reimbursement.
    - B. Scott – What percentage of private practitioners are available that do accept insurances?
        - A: No concrete rates. Practitioners toil over whether to accept insurances or go fee-for-service. There will be a large subset that might not access care with fee-for-service.
    - J. Chaudhary explored with Commission Members feedback regarding lack of access to care.
        - A: Individuals cannot find providers, have to shop within the limits of insurance.
            - The Commission discussed how lack of access impacts morale of providers and contributes to the cost of untreated mental illness.
    - C. Cadwell advocated the "business of care" relies on following the money, which in turn impacts how an individual access care and received advocacy in care.
    - B. Scott asked through the chat messaging "What are the typical diagnostic categories the private practice groups serve? Is there a difference from what the CMHCs serve or is it more coverage differences?"
    - S. Bowman agreed with Dr. Hanzlik's presentation, emphasized the need for trainee supports; advocated for the Commission to prioritize solutions that focus on identities of providers and those impacts on access to care, as well as the use of telehealth to access care.
    - J. Chaudhary acknowledged the redundancies and burdens in documentation impacting care, advocated for a need to collaborate across business and political sectors to impact climate.
    - K. Norris advocated for focus on rural areas and access to care, considerations of increase in suicide due to stigma and lack of access to care.
    - C. Lyday noted barriers in staffing positions, provided example of having three open positions, but cannot fill; advocated for a recruitment plan to attract professionals.

        - J. Chaudhary advocated for celebrating behavioral health providers similarly to first responders.
        - R. Lay shared as both a professional and a patient, individual's perception of their needs and care is based on their acceptance of denial, thanked providers present.
        - Dr. Hanzlik reiterated the need to collaborate with mental health associations to evolve change.
        - B. Scott advocated for the Commission to receive the presentation by Bowen Center at IU the Workforce Development group received.
        - K. Norris advocated for collaborative efforts between social work associations and rural health care programs, volunteered to support a focus on rural health care.

Item 5: Presentation and Discussion of IN Behavioral Health Commission Subgroups

Outcome:

- J. Chaudhary noted the proposed plan is a demonstration of the complexity of the need; the plan will be a tool to steer future meetings and the progression of the Commission.
    - C. Cadwell's suggestion to change subgroup Equity/Workforce to Workforce only so equity can be examined through all the subgroups.
        - R. Halleck emphasized equity is a priority for the Commission.
    - 1. Children and Families
        - C. Berger asked if this group would merge with the Commission for Improving the Status of Children (CISC) or if the two Commissions would function separately.
            - J. Chaudhary advised decisions will be made based on the evolution of the work.
            - R. Halleck advised to anticipate collaborations.
    - 2. Overall Mental Health Well Being
        - No comments
    - 3. Suicide Prevention/Crisis (may merge into a larger initiative)
        - No comments during the meeting

        - S. Bowman shared in the chat messaging feature DMHA's Suicide Prevention Director Chris Drapeau has reached out to her to advocate ensuring suicide prevention be a consideration of the Behavioral Health Commission.
    - 4. Workforce
        - No comments
    - 5. Continuity of Care
        - B. Scott requested a definition of behavioral health systems
            - A: J. Chaudhary advised all systems an individual may use throughout their lifespan.
    - 6. Criminal Justice System
        - B. Scott advised she does not agree with the explanation of this group being linked to behavioral health system ineffectiveness.
        - M. Brooks advised payor issues when individuals are in detention.
        - J. Chaudhary advises to consider all aspects of the system and the causal language of the subgroup explanation can be removed.
        - R. Halleck – there are a lot of reasons why the behavioral health system are not able to address needs that impact individuals also being a part of the criminal justice system.
        - S. McCaffrey advised a helpful strategy for each group would be to review the explanation of the subgroup and develop a mission and vision statement to guide each group.
        - K. Norris advocated trends data since the 1960s has been consistent, use the subgroup opportunities to not blame the patients, celebrate their value.
    - Review of inquiries across each subgroup
        - (1) Funding (Block grants and other federal funding, state dollars, local tax revenue, Medicaid, private insurance, philanthropy, and other sources of funding), (2) Rapid Access to High Quality Care, (3) System Design, and (4) Equity are all required inquiries across subgroups.
        - Other potential areas of subgroup assessment are: data; integration with other systems and going to where the people are who need prevention; early intervention and/or treatment; recovery supports, social determinants of health and the whole health model; administrative burden/red tape; utilization of technology; strategies designed to encourage collaboration, transparency, and innovation in mental health care delivery

- M. Brooks asked how do the subgroups and sub-inquiries fit with the SEA No. 273?
  - A: J. Chaudhary advised the plan was developed from the legislation, removed assessment and inventory from the plan as this is a step in the process and can be included in the report without allocating to a subgroup.
- S. McCaffrey requested each group re-review the SEA No. 273 when starting groups.

- S. McCaffrey motioned to accept the plan with the amendments discussed related to changing Equity to an inquiry across all sub-groups, as well as add IAC citations to correspond with the subgroups; the motion was seconded by R. Lay, none opposed, there were no abstentions, the plan with agreed amendments was approved.
- J. Chaudhary noted the IN Behavioral Health Commission support workgroup will solicit preferences for subgroup participation via survey, more than one group can be chosen, please note the groups will be working subgroups, and all meetings must be viewable to the public.

Item 7: Future Meetings

Outcome:

- Meetings will be arranged based on subgroup progress.

Follow-up Action Items:

- Provide feedback regarding subgroup preference via survey.

Comments from the Chat:

- L. McGrath reported she felt she could best work in the Children/Families subgroup.

Comments from the Public Via Email:

- "March is Social Work Month – this year's theme is Social Workers are Essential. You can find more information on our national website https://www.socialworkers.org/News/Social-Work-Month. NASW Indiana Chapter will be holding our Social Work Month celebration on March 24th, 2021 at noon virtually. And we'll be celebrating again in the fall at our annual conference. If you need more information, please let me know.
  Beryl E. Cohen, MSW; *She, her, hers*; Executive Director NASW-Indiana Chapter."

The Commission is established by Indiana Code 12-21-7.