



Status of Legislation Impacting Community Mental Health in the 2015 Indiana General Assembly



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Current Status of 2015 Session

We have just passed the halfway mark in the Indiana General Assembly as bills that have survived are now moved into the other Chamber for consideration.

For example, if a bill was filed in the House of Representatives and passed that body, it is now in the State Senate and placed on first reading (in its assigned committee).

A total of 1,237 bills were filed this session and currently 33 bills remain on the Indiana Council tracking list that impact CMHC operations and funding.

Bills opposed by the Indiana Council have died, such as proposed increases in medical malpractice limits.

Bills supported by the Indiana Council have also died, such as the Crisis Intervention Demonstration Project.

At this point in the legislative process, the Indiana Council is working to ensure language is modified if needed, funding for CMHCs remains in the state budget, and no negative language is added (such as reducing CMHC county funding).

2015 Legislation Impacting CMHCs

HB1001 STATE BIENNIAL BUDGET (BROWN T) Appropriates money for capital expenditures, the operation of the state, the delivery of Medicaid and other services, and various other distributions and purposes.

DMHA budget reflects an over \$2.2 million reduction for SMI and SED services.

CMHC allocation is not directly based on the line-items for the DMHA, so there is not a direct correlation between funding levels in the state budget and DMHAs actual budget.

In spite of expected reduction in DMHA budget, the agency has indicated they will work to keep CMHCs “whole” in the allocation formula unless reversions are required by State Budget Agency.

\$80 million was included in the House version of the budget (\$30 million in year one and \$50 million in year two) for community corrections, mental health, substance use, and other evidenced based programs designed to promote improved prisoner and jail inmate reentry (based on HB 1006, 75% of these funds must be utilized by a DMHA certified provider).

We are expecting the Senate to include some funding under the designed reentry program, however whether or not it remains at this level is unknown.

2015 Legislation Impacting CMHCs

HB1006 CRIMINAL JUSTICE FUNDING (STEUERWALD G) Permits the DOC to provide funding to a court for a court supervised recidivism reduction program. Provides that the Indiana judicial center shall develop and administer the program. Specifies standards for treatment funded under the program. Provides that the Indiana judicial center shall award grants to assist with the establishment of community corrections programs in each county by 2020 and to assist communities to develop and maintain alternatives to incarceration to reduce recidivism. Provides that the Judicial Center monitor other state programs that provide funding to programs that are alternatives to incarceration. Requires the DOC make a monthly report to the budget committee concerning the number of persons committed to the department. Provides that after January 1, 2016, a court may not commit a person convicted of a Level 6 felony to the department of correction, with certain exceptions.

Current version requires 75% of the funded services to utilize “evidenced based practices” through a DMHA Certified Provider.

The bill has been assigned to Senate Judiciary and is awaiting a hearing.

Uses the Indiana Judicial Center to administer the program. It has been suggested that the Senate may modify this language and allow the DMHA Forensic Diversion Fund to be the source of funding made available under HB 1001 and language similar to what is contained in SB 464.

The Indiana Council supports having funding under the program be the responsibility of DMHA as opposed to the Judicial Center.

2015 Legislation Impacting CMHCs

HB1269 MENTAL HEALTH MATTERS (CLERE E) Provides that both DOC and Counties work to establish Medicaid for individuals in the criminal justice system to improve coverage of treatment upon reentry. Requires FSSA to undertake a study of presumptive eligibility effectiveness and efforts to promote the program. Requires FSSA to submit a behavioral health home SPA by July, 2016. Also allows CMHCs to work with a county sheriff to assess individuals who have been arrested for mental health or substance use disorders and utilize funding under the DMHA administered forensic diversion fund for such purposes. Establishes a mental health first aid program in Indiana. Allows a CMHC to bill primary health services using current Medicaid provider ID number. Allows for billing both mental health and primary health to occur on same day.

The bill, which passed the House by a unanimous vote, has been assigned to the Senate Health and Provider Services Committee. The Indiana Council has met with the bills sponsor and Health Chair, Senator Pat Miller, on our proposal.

DMHA has indicated some trepidation about mandating a Health Home SPA.

Given similarities between HB 1260 and SB 464 and SB 212, there is an expectation language from each bill will be modified and amended further prior to reconciling in conference committee.

2015 Legislation Impacting CMHCs

HB1304 VARIOUS CRIMINAL LAW ISSUES (MCMILLIN J) Allows a person with an intellectual disability or autism spectrum disorder to participate in a forensic diversion program. Authorizes a prosecuting attorney to require a person participating in a prosecutorial diversion program to receive mental health treatment to reduce recidivism, and allows diversion and deferral fees to be used to fund mental health treatment programs to reduce recidivism. Provides that the habitual offender enhancement may be suspended if the habitual offender is in a court approved substance abuse treatment program. Allows drug abusers or alcoholics charged with or convicted of certain felonies to request treatment for addictions. Provides that a convicted individual may be placed on probation if the individual requests to undergo substance abuse treatment. Provides for voluntary and involuntary treatment for drug addictions. Allows an alcohol and drug services program or the clerk of a court to collect fees concerning court established alcohol and drug services programs.

Allows forensic diversion to be utilized in lieu of incarceration for substance use treatment.

2015 Legislation Impacting CMHCs

HB1449 OPIOID TREATMENT PROGRAMS IN COMMUNITY MENTAL HEALTH CENTERS (DAVISSON S) Allows a certified community mental health center to apply to operate an opioid treatment program as an exception to the prohibition of new opioid treatment programs.

Bill is supported by Attorney General

The goal is to improve the level of mental health treatment beyond just receiving methadone

The model is based on Midtown's approach to treatment.

Similar language is in SB 464, however SB 464 is more restrictive.

2015 Legislation Impacting CMHCs

SB212 INMATES AND MEDICAID (MILLER P) Makes the department of correction (department) an inmate's authorized representative for applying for Medicaid for inmates who are potentially eligible for Medicaid and who incur medical care expenses that are not otherwise reimbursable. Requires the department and the office of the secretary of family and social services to enter into an agreement in which the department pays the state share of the Medicaid costs incurred for the inmate. Makes the sheriff the individual's authorized representative for applying for Medicaid for individuals subject to lawful detention who are potentially eligible for Medicaid. Requires a sheriff to enter into an agreement with the office of the secretary of family and social services to pay the state share of the Medicaid costs incurred for the individuals. Specifies reimbursement for the services provided.

Only based on providing Medicaid based services allowable services while incarcerated (and currently does not include psychiatric inpatient services).

2015 Legislation Impacting CMHCs

SB464 MENTAL HEALTH ISSUES (MILLER P) Specifies limitations for reimbursement for methadone. Provides that addictions counseling, inpatient detoxification, and medication may be required to treat opioid or alcohol addiction as a condition of release. Includes inpatient substance abuse detoxification services as a Medicaid service. Authorizes DMHA to approve before June 30, 2018, not more than five new opioid treatment programs run by a hospital or a certified community mental health center. Establishes the mental health and addiction forensic treatment services account within the statutes governing the division, rather than the statutes governing corrections (under current law).

The bill would allow CMHCs to expand Methadone clinics.

The bill provides that DMHA would support community based correctional and treatment services.

The Indiana Council is working on an amendments to expand the services available to include case management, ADL, and med management.

Limits the funding to sources not covered by Medicaid. The Indiana Council is working on this as we want to use funding provided under HB 1001 as match to leverage additional services.

2015 Legislation Impacting CMHCs

SB380 CRISIS INTERVENTION TEAMS (STOOPS M) Requires the law enforcement training academy to include crisis intervention team (CIT) training in initial training and in continuing education training. Requires a CIT to assist law enforcement in responding to crisis situations involving individuals with mental illness, substance abuse issues, or both mental illness and substance abuse issues. Requires the institute and the division of mental health and addiction to: (1) establish the criteria for developing CITs; (2) develop training programs for all persons involved in CITs; and (3) assess and report on the effectiveness of each CIT.

Primary bill of NAMI this session. Supported by the Indiana Council.

SB500 EDUCATION DEREGULATION (MILLER P) Makes comprehensive revisions to the Indiana Code relating to all aspects of the administration of schools and school corporations and the education of students from pre-kindergarten through grade 12. Repeals various obsolete provisions and provisions that limit local control of schools.

Removes provisions that require training in mental health awareness and bullying. The Indiana Council opposes the removal of these important training requirements.

QUESTIONS?

