HCBS Stabilization Grant

- FSSA has allocated $173M to HCBS Stabilization Grants to support Indiana's workforce and community-based provider network.
- The HCBS Stabilization Grant will be distributed to eligible HCBS Medicaid providers as a one-time payment in Q1 of CY2022.

Provider Eligibility Criteria

Providers must meet ALL criteria listed below to be eligible:

1. **HCBS Medicaid Provider** – As of the date of the attestation, providers must be an actively enrolled IHCP provider as one of the following types:
   - 05 (Home Health Agency)
   - 11 (Behavioral Health Provider)
     - Specialty 111 (Community Mental Health Center) – for Medicaid Rehabilitation Option (MRO) services
     - Specialty 115 (Adult Mental Health and Habilitation)
     - Specialty 611 (Children's Mental Health Wraparound)
     - Specialty 612 (Behavioral and Primary Healthcare Coordination)
   - 12 (School Corporation)
   - 32 (Waiver)
   - Program of All-Inclusive Care for the Elderly (PACE) programs
2. **Active during the COVID-19 Public Health Emergency** – defined as having submitted claims for paid expenditures during CY 2019 through 2021
3. **Currently Active** – defined as currently providing services to Medicaid beneficiaries; and providers must have at least one Medicaid claim paid for a calendar year 2021 date of service

HCBS Stabilization Grant Methodology

HCBS Stabilization Grants will be distributed to eligible HCBS Medicaid providers as a one-time payment in Q1 of CY2022.

Grant Amount Calculation

FSSA has updated to the methodology for calculating grant amounts to ensure a more equitable approach in light of the continuing Public Health Emergency. FSSA will now calculate the grant amount as a flat percentage of each eligible provider's highest annual claims total across calendar years 2019, 2020, and 2021

7-8%*

Flat percentage increase applied to **qualifying baseline claims expenditures**, calculated per each individual HCBS provider

**The final percentage amount will be based on attestation form responses*

To identify qualifying baseline claims expenditures, FSSA looked at CY2019 and CY2020, and CY2021 claims expenditures by provider and used the **highest of the three years** as the baseline

	CY 19	CY 20	CY 20
Provider A	$23K	$12K	$15K
Provider B	$65K	$65K	$88K
Provider C	$82K	$97K	$90K

HCBS Stabilization Grant Distribution Process

Prior to the receipt of funds, each provider must sign and submit an Attestation Form.

Deadline Extension:
FSSA has extended the Attestation Form deadline from February 10th, 2022 to February 18th, 2022.

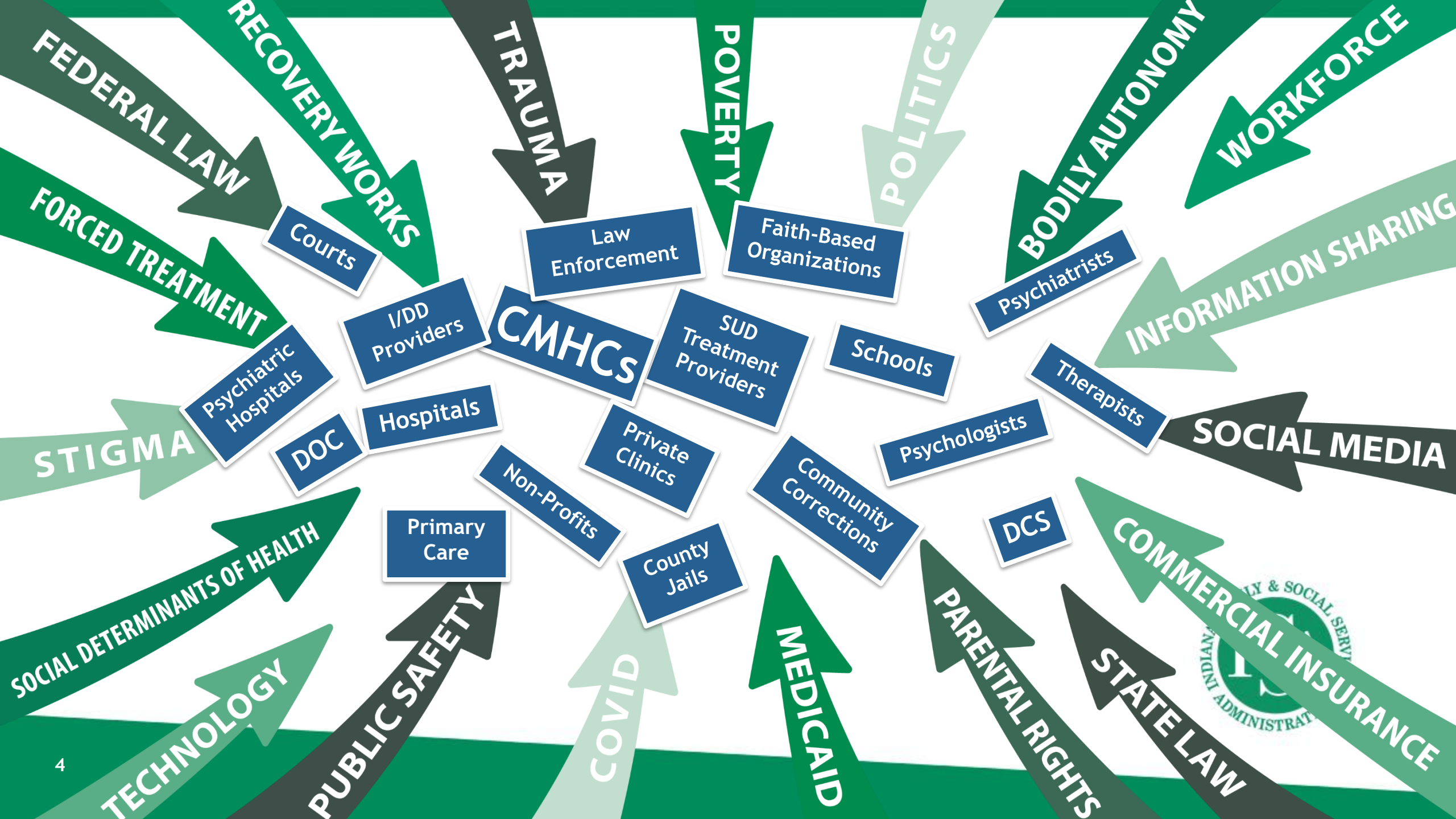
Attestation/Payment Process

1. Access the Attestation Form from the FSSA HCBS Enhanced FMAP Webpage: https://www.in.gov/fssa/ompp/hcbs-enhanced-fmap-spending-plan/
2. Submit your signed Attestation Form online via the Microsoft Form as soon as possible. Interested eligible HCBS Medicaid providers now have until February 18th to complete the required Attestation Form.
3. Following submission of your signed Attestation Form, FSSA will confirm eligibility. If eligible, between February and March 2022, the State's fiscal agent will issue the payment in a process similar to Medicaid Claims.
4. Pass through at least seventy-five percent (75%) of the amount received towards HCBS related workforce stabilization activities

Questions?

For more information, please access the FAQ at in.gov/fssa/ompp and select the link to the HCBS Enhanced FMAP on the left hand side.

Direct all inquiries to hcbs.spendplan@fssa.IN.gov


FEDERAL LAW
RECOVERY WORKS
TRAUMA
POVERTY
POLITICS
BODILY AUTONOMY
WORKFORCE
FORCED TREATMENT
INFORMATION SHARING
STIGMA
SOCIAL MEDIA
SOCIAL DETERMINANTS OF HEALTH
COMMERCIAL INSURANCE
TECHNOLOGY
PUBLIC SAFETY
COVID
MEDICAID
PARENTAL RIGHTS
STATE LAW
Courts
Law Enforcement
Faith-Based Organizations
Psychiatrists
I/DD Providers
CMHCs
SUD Treatment Providers
Schools
Therapists
Psychiatric Hospitals
Hospitals
DOC
Private Clinics
Psychologists
Non-Profits
Community Corrections
DCS
Primary Care
County Jails

CHALLENGES OF CURRENT SYSTEM:

Major Caveat: There is a lot of good work by amazing people that helps tens of thousands of Hoosiers navigate lives with SMI

- Chaotic/disjointed
- Difficult to navigate for clients, families and providers
- Problems with Access and Quality
  - Can’t even really measure access or quality
- Riddled with inefficiencies caused in large part by redundant administrative burdens
- Financing structure doesn’t promote best practices

DMHAs challenge: promote better access and quality standards <u>without getting in the way</u>

How: Build structures designed to help navigate the chaos

- FSSA Operating Principles: Data, Collaboration and Simplicity
- DMHA Restructure
- Federal funding oriented around guiding principles and “Access, Workforce, Stigma”
- System Enhancements/Infrastructure
  - Deep dive, IT/Data Study
  - Infrastructure: Recovery Works and CMHW referral processes
- 988
- Criminal Justice collaborations
- CCBHC

DMHA Restructure: Opportunities for Improvement

- Improved Communication
- Development of data-driven decision making
  - Program-specific outcome identification and tracking
  - Moving from anecdote to outcome
- Support of EBPs
- Strategic focus on equity, infrastructure building and Social Determinants of Health
- Breaking down of silos
- Standardization of processes
  - Onboarding, training, state systems
- Leadership development/Succession Planning
- Using funding as a multiplier
- Creating and connecting systemic strategies for statewide measurable baselines and improvement metrics
- Financial Tracking

DMHA Leadership Function

- **Director**
  - External stakeholders
  - State Psychiatric Hospitals
  - Policy
  - Navigating Bureaucracy
  - Financial “big picture” oversight

- **Dep. Director/Chief of Staff**
  - Internal Strategy
  - Leadership Development
  - Data/Outcomes/Metrics
  - “Day to day” financial oversight
  - Launching new initiatives

Executive Director, Operational Management, Strategy, and Development

To be filled

- Onboarding, Regular Training
- Manualize system navigation
- Block Grants, Discretionary Grants
- Federal Reporting Legislation
- Certification/Licensure, Contracting.
- Quality Assurance
- IT Projects
- Internal communications

Executive Director, Data Strategy

Wendy Harrold

- Data Systems
- Data Strategy/Goals
- Outcome Identification/Management
- Collaboration with programs on regular outcome tracking/reporting

Executive Director, Equity, and Systemic Integration

Dr. Kory Carey

- Systemic Integration
  - Integrated Care
  - OMPP
  - Recovery Works
- Equity
- Collaboration with FSSA Equity Teams
- DMHA-specific equity work

Executive Director, Prevention, Crisis Response, and Suicide Prevention

Dr. Chris Drapaeu

- Crisis Prevention/Response
- Prevention
- 988 Implementation
- Disaster Response

Director of Recovery Support Services

To be filled

- Strategic mission and vision for Peer Services
- Expand peer services across the state
- Expand Recovery hubs and other recovery support services

Executive Director, Addiction Strategy and Services

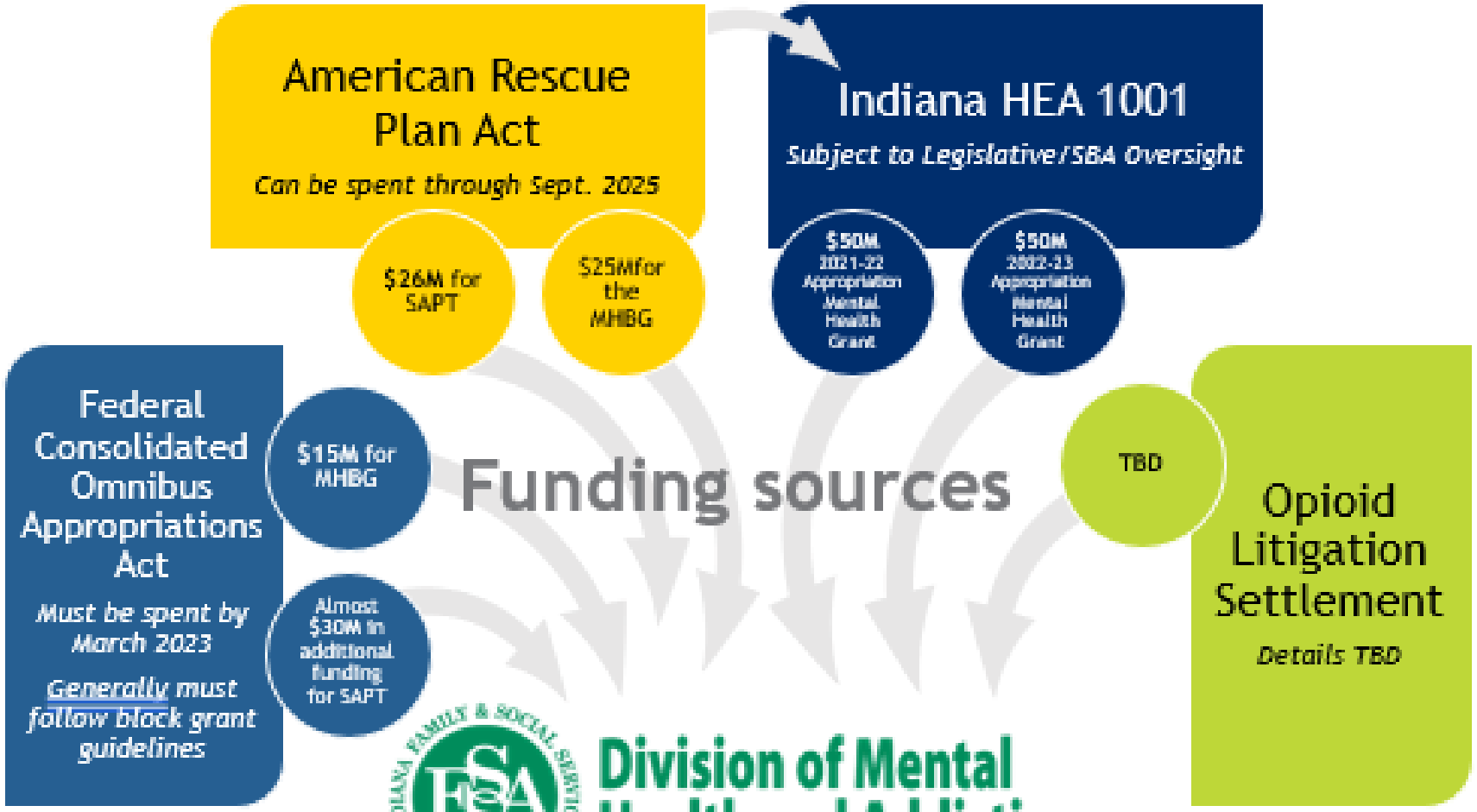
Becky Buhner

- SUD treatment
- Opioid Treatment Programs
- State Opioid Response
- Other SUD-Focused Initiatives
- Strategy/Policy/Financial and Data Tracking
- Evidence Based Practices
- Provider Management
- Gambling

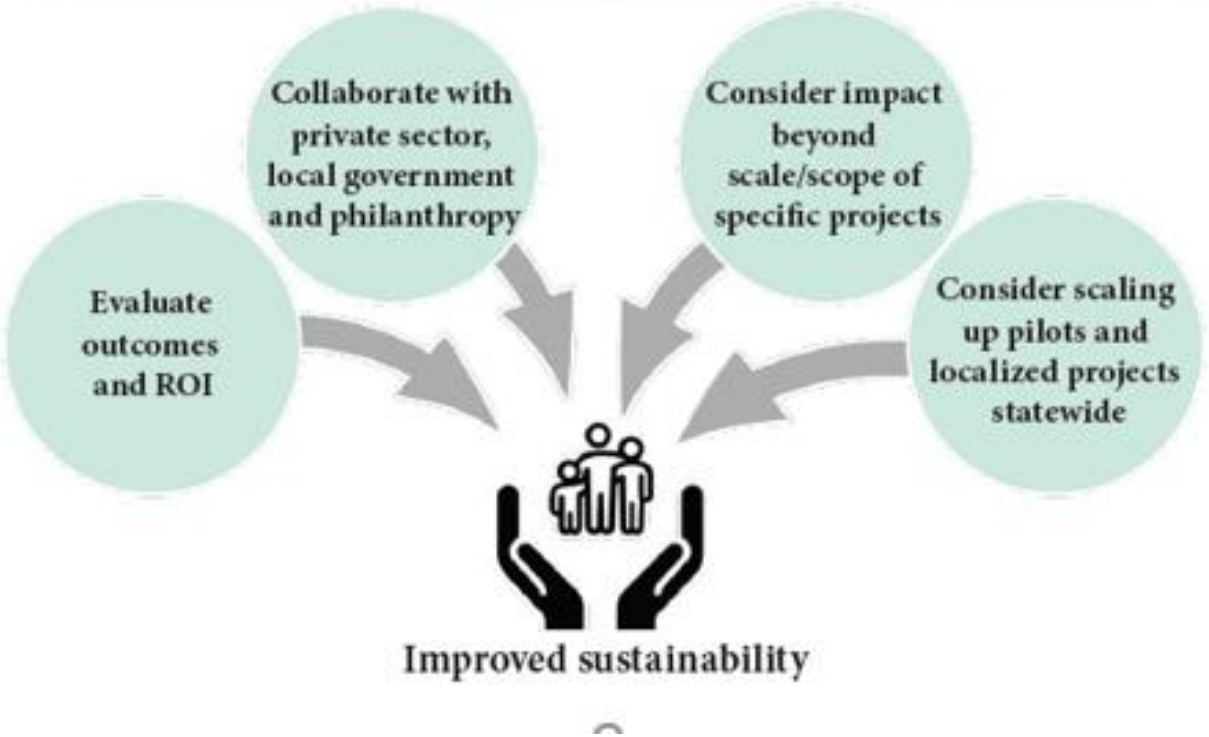
Executive Director, Mental Health Strategy and Services

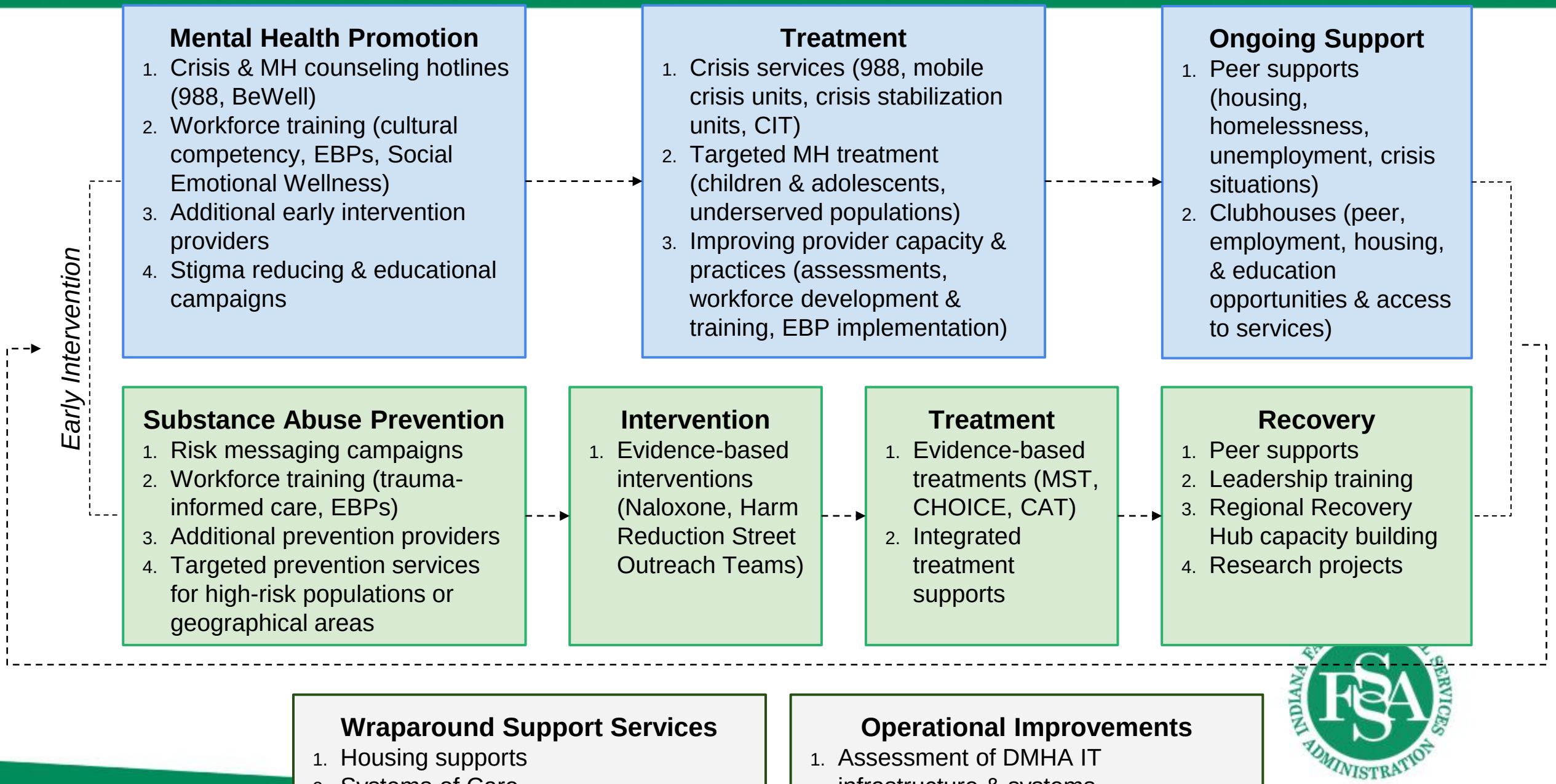
Sirrilla Blackmon

- Adult Serious Mental Illness
- Serious Emotional Disturbance
- Children's Services
- Comorbid populations
- CMHW
- Strategy/Policy/Financial and Data Tracking
  - Evidence Based Practices
- Provider Management

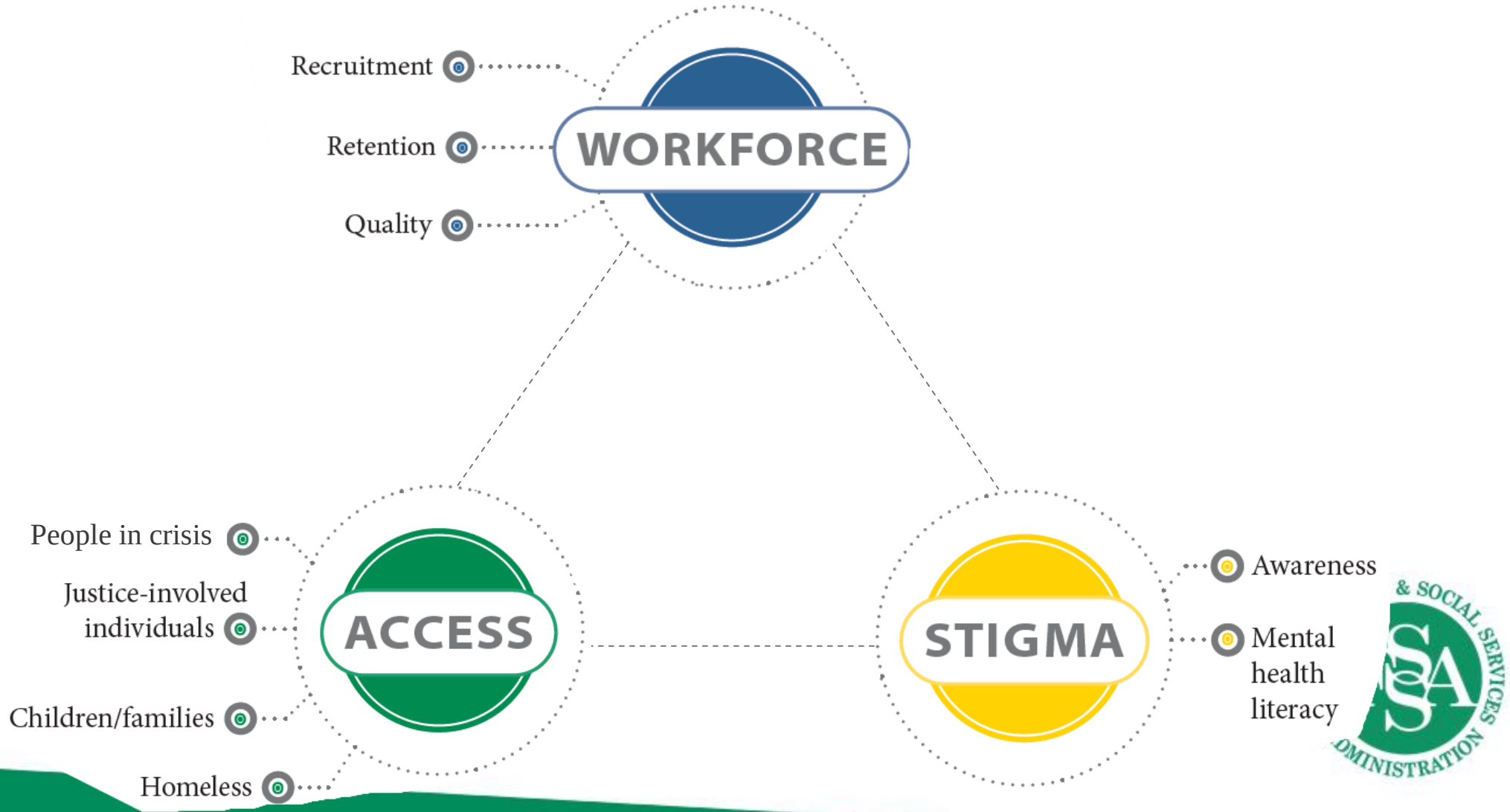

American Rescue Plan Act
Can be spent through Sept. 2025
$26M for SAPT
$25M for the MHBG
Indiana HEA 1001
Subject to Legislative/SBA Oversight
$50M 2021-22 Appropriation Mental Health Grant
$50M 2022-23 Appropriation Mental Health Grant
Federal Consolidated Omnibus Appropriations Act
Must be spent by March 2023
Generally must follow block grant guidelines
$15M for MHBG
Almost $30M in additional funding for SAPT
Funding sources
TBD
Opioid Litigation Settlement
Details TBD
Division of Mental Health and Addiction

DMHA established overarching goals for federal funding to enable equitable, effective, efficient and sustainable supports to improve health outcomes, fill unmet needs and support all Hoosiers. **Overarching goals and considerations:**




Mental Health Promotion
1. Crisis & MH counseling hotlines (988, BeWell)
2. Workforce training (cultural competency, EBPs, Social Emotional Wellness)
3. Additional early intervention providers
4. Stigma reducing & educational campaigns
Treatment
1. Crisis services (988, mobile crisis units, crisis stabilization units, CIT)
2. Targeted MH treatment (children & adolescents, underserved populations)
3. Improving provider capacity & practices (assessments, workforce development & training, EBP implementation)
Ongoing Support
1. Peer supports (housing, homelessness, unemployment, crisis situations)
2. Clubhouses (peer, employment, housing, & education opportunities & access to services)
Early Intervention
Substance Abuse Prevention
1. Risk messaging campaigns
2. Workforce training (trauma-informed care, EBPs)
3. Additional prevention providers
4. Targeted prevention services for high-risk populations or geographical areas
Intervention
1. Evidence-based interventions (Naloxone, Harm Reduction Street Outreach Teams)
Treatment
1. Evidence-based treatments (MST, CHOICE, CAT)
2. Integrated treatment supports
Recovery
1. Peer supports
2. Leadership training
3. Regional Recovery Hub capacity building
4. Research projects
Wraparound Support Services
1. Housing supports
2. Systems of Care
3. Transportation supports
4. Community-driven projects
Operational Improvements
1. Assessment of DMHA IT infrastructure & systems
2. Assessment of CMHC System
3. Technical assistance

Mental Health Strategy



Mental Health Strategy

The overall mental health workforce— at all treatment levels—is in a crisis state. The workforce shortage limits the overall impact of any other interventions. A three-pronged strategy is needed to address this issue, with a focus on workforce (1) recruitment; (2) retention; and (3) quality.

Current Initiatives

- Psychiatric residency funding
- Administrative burden reduction

Possible Opportunities

- Student loan forgiveness
- Additional psychiatric residencies
- Behavioral health academy
- Evidence-based training institute

Mental Health Strategy

Better access to timely and quality mental health services is crucial to achieve better outcomes. FSSA is actively working to assess system gaps and promote initiatives to improve access for several crucial populations.

Crisis Response

(someone to call, someone to respond, somewhere to go)

Current Initiatives

- 988 call center (someone to call)

Possible Opportunities

- Mobile crisis teams (someone to respond)
- Crisis stabilization centers (somewhere to go)

Mental Health in the Criminal Justice System

Current Initiatives

- Sequential intercept model review
- Competency restoration alternatives

Possible Opportunities

- Expansion of crisis intervention training
- Universal jail mental health screening

Youth and Families

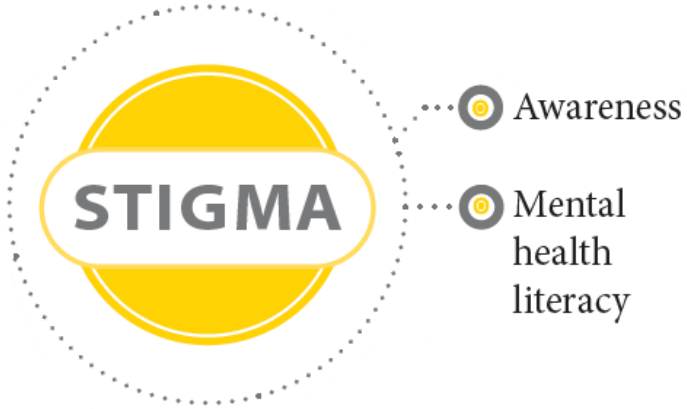
Current Initiatives

- Unified Access Site for Child Wraparound
- BeHappy program

Possible Opportunities

- Riley Integrated Care model expansion
- Juvenile justice programming

Mental Health Strategy



Stigma and lack of mental health awareness remains a primary barrier to improved mental health. The State can actively partner with nonprofit and private sector groups to promote stigma reduction and increased awareness.

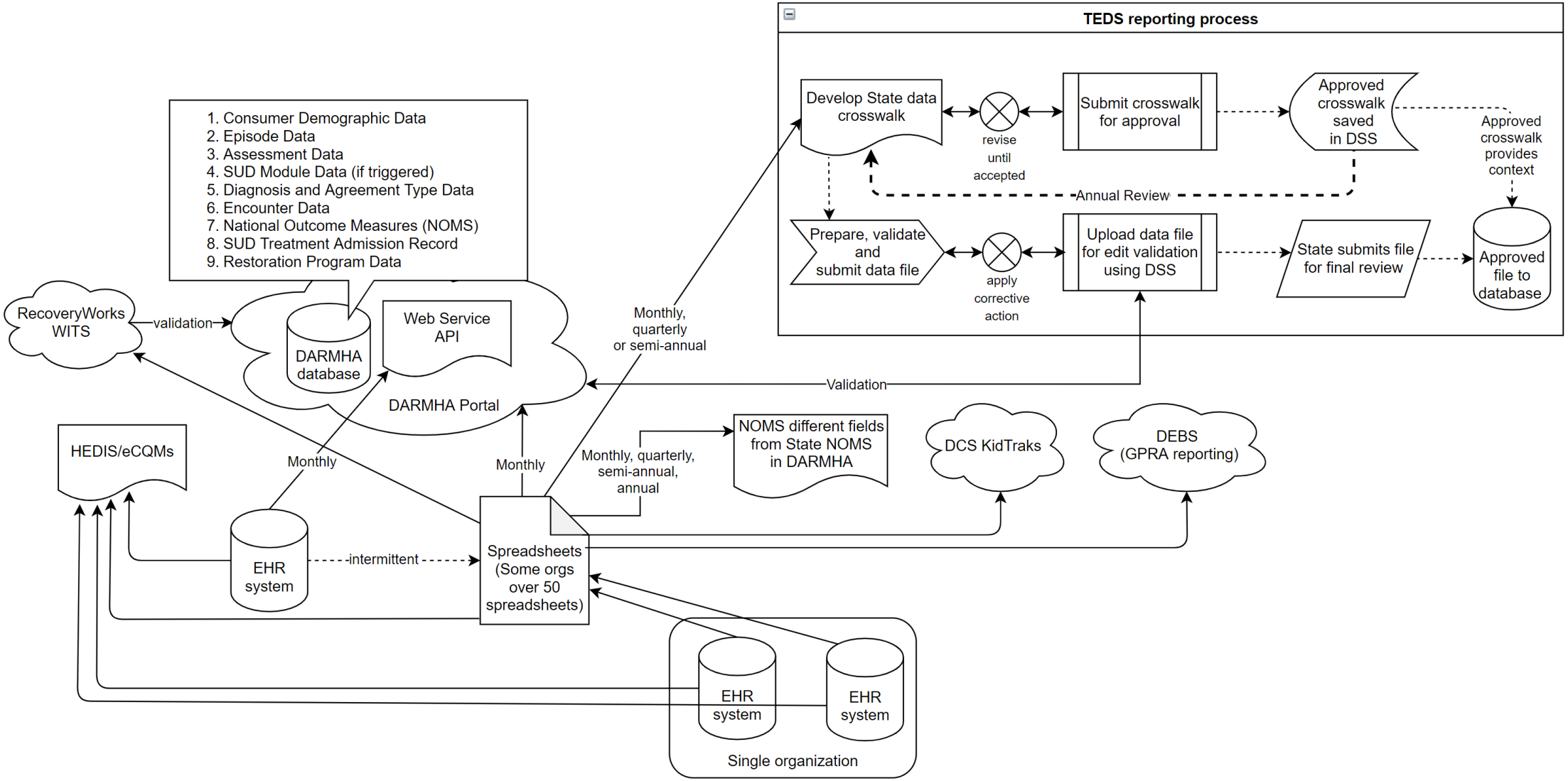
Current Initiatives

- Anti-Stigma campaign
- Administrative burden reduction

Possible Opportunities

- Culturally competent and targeted mental health awareness education, e.g. Mental Health First Aid

System enhancements-WHY?



System Enhancement: CMHC “Deep Dive” Assessment RFP:

Develops a Project Management Plan that contains the schedule and governance for the project

Develops an Assessment Plan that finalizes the methodology, approach, and focus areas of assessment

Conducts interviews and surveys of stakeholders, quantitative analyses of all provided and gathered data and a literature review of current, identified best practices from other states and academic research

Develops a comprehensive Assessment Report of the existing CMHC system, individual CMHCs, and DMHA’s oversight processes that identifies current CMHC practices with an emphasis on best practices and where the State and CMHCs would benefit from the adoption of best practices

Creates a Recommendations Report of actionable recommendations which shall advise DMHA on a goal of improving the CMHC system, individual CMHCs, and DMHA’s oversight processes

Proposes contract revisions to be included in future contracts with CMHCs to address the findings of the Assessment Report and Recommendations Report.

Building Infrastructure: CMHW and Recovery Works

Why?

- CMHW: “independent” access site for federal compliance
- RW: Equity and participant choice

What?

- CMHW: Child Advocates to serve as statewide access site to empower and advocate for children and families, increase access to services and utilization
- RW: PACE to serve as access liaisons, to facilitate quick, culturally competent referrals and provide access to other re-entry resources

DMHA Commitment: to review and, if necessary, revisit as changes progress

Three big projects

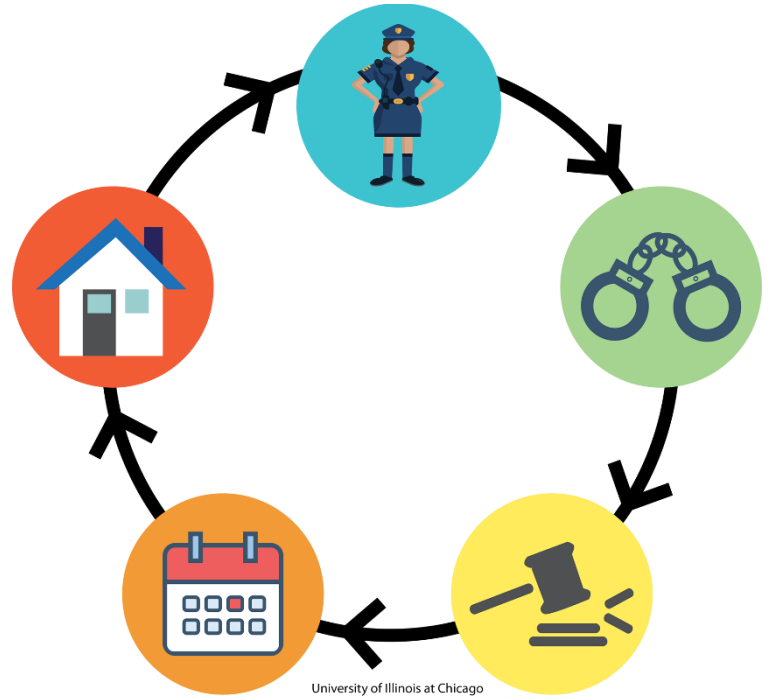
9-8-8

988
AMERICA'S
SUICIDE PREVENTION +
MENTAL HEALTH CRISIS
LIFELINE

CCBHC

National Council for Mental Wellbeing

Criminal Justice Sequential Intercept Collaborations



University of Illinois at Chicago

CCBHC “Plan to make the plan”

What, when, how, and who:

- **What** do we want from the Indiana CCBHC system?
  - Ex. ACT/Act look-alike, collaboration with 988, etc.
- What is our timeline? (**When**)
- **How** will we roll out planning and implementation?
  - Modeled on LTSS project (dedicated PM vendor with subs, ample time for planning and stakeholder meetings/input)
- **Who** do we need to talk to?
  - Internal (within state government)
  - external
- Also very important: **What is the transition plan?**
  - Minimize disruption to clients and providers

Need alignment on answer to “why is this the right future state for Indiana behavioral health?”