

# INDIANA BEHAVIORAL HEALTH COMMISSION ADVOCACY TOOLKIT



**EMILIA MINETOLA, INDIANAPOLIS**

This campaign was made in partnership between The Indiana Council of Community Mental Health Centers, NAMI Indiana, and Mental Health America of Indiana

# A LETTER FROM INDIANA'S MENTAL HEALTH COMMUNITY

Thank you for downloading our toolkit!

The Indiana Behavioral Health Commission was created by SEA 273 and authored by Senator Mike Crider. SEA 273 was the result of many concerned State and community leaders who are determined to make a change in Indiana's behavioral health delivery system.

As Hoosiers continue to cope with the lasting effects of the ongoing pandemic, our mental health crisis has continued as well. We are aware, around half of all people in the U.S. will meet the criteria for a diagnosable mental health condition at some point in their lives.

Our toolkit provides printable materials, web, and social media resources to help your community plan events, educate individuals about the Indiana Behavioral Health Commission report, along with call-to-action template to your local State Representatives.

As leading advocates in the mental health field, Indiana Council, MHAI, and NAMI Indiana hope that our collaboration embodies the spirit of advocacy we strive to achieve. Only by working together can we promote change and seek the best service for the State of Indiana. We hope you will find this toolkit both inspirational and useful in your advocacy efforts.

The Behavioral Health Commission report is one that our agencies view beyond the paper, and has been written as a roadmap to the policy needed to improve the mental wellbeing of all Hoosiers. With your voice and advocacy, you can help drive this plan to policy!

In advocacy -

Steve McCaffrey, CEO, Mental Health America of Indiana

Barbara Thompson, Executive Director, National Alliance on Mental Illness Indiana

Zoe Frantz, CEO Indiana Council of Community Mental Health Centers

# UNDERSTANDING THE PRIORITY AREAS



**USING 988 TO BUILD A NEW CRISIS RESPONSE SYSTEM**



**CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCS)**

**IMPROVING MENTAL HEALTH LITERACY FOR ALL HOOSIERS**



**BEHAVIORAL HEALTH & THE CRIMINAL JUSTICE SYSTEM**



**MENTAL HEALTH PARITY**



**HARNESSING AND EQUIPPING PRIMARY CARE TO BETTER DEAL WITH MENTAL HEALTH NEEDS**

**WORKFORCE**



**FUNDING**

# COMMISSION RECOMMENDATIONS

## USING 988 TO BUILD A NEW CRISIS RESPONSE SYSTEM

1

Implement a comprehensive crisis system to build the sustainable infrastructure for a new statewide Crisis Response System in conjunction with implementation of Indiana's 988 system. Although the state is already working toward this goal, ongoing support from the General Assembly, along with adequate funding, is crucial to sustaining and building the system over a period of many years. This is not a short-term project. States with more mature crisis systems — such as Arizona and Tennessee — built their systems over several decades.

2

The General Assembly should implement a one dollar (\$1) 988 surcharge to fund the comprehensive crisis response system. The federal law enabling legislation allows states to impose surcharges on phone bills similar to the surcharge that funds the 911 system. Indiana is investing considerable one-time federal funding in the development of a comprehensive crisis response system, but the 988 surcharge is crucial for sustainability.

3

Fully fund a CIT technical assistance program and Coordinator Position to provide CIT training for all first responders, dispatchers, and detention center staff across Indiana who provide services to both youth and adult populations.

4

Pass legislation requiring FSSA to develop rules to authorize reimbursement of EMS for transport to behavioral health facilities.

## CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCS)

1

Implement the recommendations and action items provided in the CCBHC Legislative report due from FSSA to the General Assembly by November 1, 2022.

2

Pass legislation requiring FSSA to apply for CCBHC demonstration status as allowed by the Bipartisan Safer Communities Act. The legislation should specify that if Indiana is not awarded demonstration the state will apply for a SPA or a waiver.

3

Using the Missouri experience as a model, the General Assembly should incrementally increase funding 60% over the next two biennium budgets to support permanent CCBHC expansion in Indiana.

# COMMISSION RECOMMENDATIONS

## IMPROVING MENTAL HEALTH LITERACY FOR ALL HOOSIERS

- 1 Working with various sectors including, but not limited to child welfare, criminal justice, school systems, employer groups, and other relevant entities to adopt and implement culturally competent and responsive mental health literacy curriculums, trainings, and monitoring practices throughout multiple systems
- 2 Creating community-level marketing campaigns including messaging focused on those with lived experience and/or currently in recovery
- 3 Build policy that funds and incentivizes schools and early childcare providers to implement mental health literacy in order to increase school safety and improve the skills and mindsets needed for the next generation to be contributing members of Indiana's workforce

## BEHAVIORAL HEALTH & THE CRIMINAL JUSTICE SYSTEM

- 1 Assess current functioning of active mental health courts, use to support expansion (types of referrals, availability of treatment options), Increase number of courts available, focus on local level for both adults and juvenile justice, Collect recidivism data specific to mental health courts. Close coordination with CMHC/CCBHCs
- 2 Indiana, like many other states, has been facing a substantial, ongoing backlog within the competency to stand trial process.. As more people are referred for evaluation and restoration, the wait times for these services have also increased. These wait times often take place in county jails, which are not designed to meet the significant mental health needs of these individuals.
- 3 HEA 1222 in the 2022 legislative session gave FSSA the option to apply for an 1115 Medicaid Waiver to cover some costs of care while incarcerated. The Commission recommends that FSSA take advantage of that option, and that any cost savings that accrue to the Department of Corrections by shifting some of the costs to the federal government be reinvested to improve the quality of correction behavioral health care. FSSA, the Department of Corrections, and county jails should collaborate to improve the quality of correctional behavioral health care

# COMMISSION RECOMMENDATIONS

## HARNESSING & EQUIPPING PRIMARY CARE TO BETTER DEAL WITH MENTAL HEALTH NEEDS

## MENTAL HEALTH PARITY

**1** Expand the scope and use of the Be Happy program model by pursuing the development of legislation including:  
A requirement for insurance carriers operating within Indiana to proportionally share in program cost based on covered lives/month

**2** 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

**3** Expansion of current psychiatry access program scope to include adult and perinatal mental health consultations

**1** Enact legislation similar to New York's "Timothy's Law" to establish parity standards and enforcement guidelines.

**2** Currently, the IDOI may review insurance plans for parity compliance to the extent that they choose to include any coverage of behavioral health care, but lacks any enforcement mechanism to investigate violations that occur in practice. The Commission recommends the IDOI and/or DMHA be given such authority pursuant to enactment of a "Timothy's Law" statute.

# COMMISSION RECOMMENDATIONS

## WORKFORCE

## FUNDING

**1** Increase Medicaid rates to support competitive hiring and retention of the necessary behavioral health workforce.

**2** Undertake Medicaid rate study of select behavioral health and substance use specific service types to include psychotherapy CPT codes, Medicaid Rehabilitation Option rates and structure, certified peer recovery services, and residential and transitional residential per diem. Increase rates to be competitive and to support hiring and retaining the necessary workforce.

**3** The Commission identified several barriers which impede individuals from becoming licensed behavioral health clinicians in Indiana. In order to streamline the process for receiving an initial license or transferring a license from another state, the Commission recommends developing legislation that will Expand universal licensure recognition language to behavioral health licenses issued under the State Psychology board and Behavioral Health & Human Services board, Facilitate the implementation of physician and psychology compacts as well as other future compacts advocated for by other IPLA-recognized behavioral health professions, and Mandate the modernization and increasing digitization of the IPLA licensing process

**4** Reduce barriers which prevent qualified and appropriate individuals to work in the behavioral health arena.

**5** Appropriate funds for a long-term student loan repayment or tuition reimbursement program for behavioral health professionals committed to working in Indiana and serving underserved communities.

**1** To follow the Missouri model and give the General Assembly some fiscal parameters, the Commission recommends the General Assembly increase the appropriation for Serious Mental Illness care by no less than 60 percent over the next two biennium budgets.

**2** Passing a 988 surcharge to fund a comprehensive crisis response system



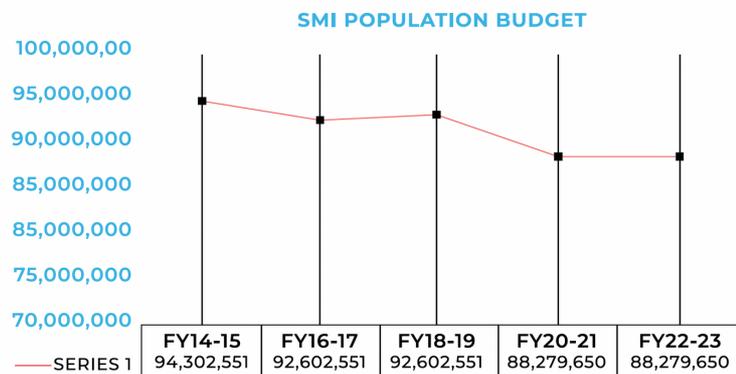
# GET INVOLVED BECOME AN ADVOCATE

Grassroots advocacy has a significant impact on legislative involvement. Both funding recommendations for the Indiana Behavioral Health System are necessary to implement the Commission's recommendations to build a sustainable infrastructure and a bridge to the future for all Hoosiers. The Commission recognizes the enormous complexity of making specific financial recommendations. However, we believe it is important to provide these recommendations for the General Assembly to take under advisement and build upon.

Over the past 15 years, there have been dozens of different appropriations, some temporary, some permanent, that have touched on Behavioral Health.

The graph to the right focuses on the funds that have been consistently appropriated to support community-based care for individuals with severe mental illness and serious emotional disturbances.

The cost of untreated mental illness in Indiana is estimated to be \$4.2 billion every year. The largest cost attributable to untreated mental illness was premature mortality, which is estimated at over \$1.4 billion. Productivity losses were estimated to cost \$885 million each year, and direct health care costs \$708 million.



## Take part in the following actions to make mental health a priority in Indiana:

1. Send the letter included in this kit to your local legislator  
a. find out who your legislator is by visiting the [THIS LINK](#)
2. Share social Media posts included in this kit
3. Host a town Hall with your local key stakeholders to discuss this report
4. Attend events where your legislator is present to share this plan
5. Sign up for our legislative advocacy alerts



# GET INVOLVED DROP IN LETTER TO YOUR LEGISLATORS

(Date)  
(Official's Name)  
(Address)  
(City, State, Zip)

Dear (Insert Official's Name),

We/I am/are writing to express our immense gratitude for your invaluable support for Indiana's Behavioral Health Commission Report.

After a two-year examination of Indiana's behavioral health delivery system, the Indiana Behavioral Health Commission makes recommendations regarding infrastructure in the mental health space, workforce needs, overall mental health and well-being for Hoosiers, as well as funding recommendations.

The report also reviewed infrastructure that have already been put to work in Indiana, such as the new 988 three-digit number for crisis response system (988) and Certified Community Behavioral Health Clinics. As well as the ongoing support needed in the intersection of the behavioral health and the criminal justice system, and how to improve Hoosiers' mental health literacy.

None of this would be possible without your enduring commitment to expanding access to mental health and substance use services in Indiana and across the nation. We're incredibly grateful and look forward to collaborating with state officials on our state's next steps,

Use the QR Code to read the full report:

Sincerely,  
(Insert Name)  
(Insert Organization Name)



# GET INVOLVED POST ON SOCIALS

Download the  
Indiana Behavioral  
Health Commission  
Advocacy Toolkit Today!



## Help Us Advocate

for the priorities set by the Indiana  
Behavioral Health Commission

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your device

INDIANA BEHAVIORAL HEALTH COMMISSION  
ADVOCACY TOOLKIT



## UNDERSTANDING THE PRIORITY AREAS



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CRISIS RESPONSE  
SYSTEM



CERTIFIED  
COMMUNITY  
BEHAVIORAL  
HEALTH CLINICS  
(CCBHCS)

IMPROVING MENTAL  
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BEHAVIORAL  
HEALTH & THE  
CRIMINAL  
JUSTICE SYSTEM



MENTAL  
HEALTH  
PARITY



HARNESSING AND EQUIPPING  
PRIMARY CARE TO BETTER DEAL  
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WORKFORCE



FUNDING



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ADVOCACY TOOLKIT



# GET INVOLVED POST ON SOCIALS

## The Indiana Behavioral Health Commission

STUDIED THE COST OF **UNTREATED MENTAL ILLNESS**  
IN INDIANA AND ESTIMATES

**\$4.2 BILLION**  
**ANNUALLY**

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INDIANA BEHAVIORAL HEALTH COMMISSION  
ADVOCACY TOOLKIT



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TAKE  
ACTION

Contact your  
elected officials

Write, call, or email to  
let them know why you think  
mental health should be a priority.



INDIANA BEHAVIORAL HEALTH COMMISSION  
ADVOCACY TOOLKIT



# GET INVOLVED POST ON SOCIALS

## What is the Indiana Behavioral Health Commission?

- ✓ Established in the 2020 legislative session
- ✓ Final report due to the General Assembly no later than October 1, 2022
- ✓ The Commission examined the functioning of Indiana's Behavioral Health System
- ✓ Their report recommends significant changes to substantially improve the performance of the Behavioral Health system

Read  
the  
Report



INDIANA BEHAVIORAL HEALTH COMMISSION  
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INDIANA  
COUNCIL  
of Community Mental Health Centers, Inc.

MHA  
Mental Health America  
of Indiana

NAMI  
National Alliance on Mental Illness  
Indiana

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your device

# GET INVOLVED

## ATTEND AN EVENT

Mental health events happen all year long! Attend an event in your community:

October 21, 2022	2022 Cross Branch Effort Mental Health Summit	By Invitation Only
October 27, 2022	Indiana Council's Quarterly Meeting	Click <a href="#">HERE</a> to learn more
December 9th, 2022	The Mental Health and Addiction Symposium	@ The Marriott East Keynote Panel will include a discussion from the IBHC members and a Q&A session Click <a href="#">HERE</a> to register
February 9th, 2023	Indiana Council Legislative Reception	Click <a href="#">HERE</a> to learn more
February 2023	NAMI Legislative Meet & Greet	Click <a href="#">HERE</a> to learn more
March 10th, 2023	Mental Health & Criminal Justice Summit	Click <a href="#">HERE</a> to learn more



# GET INVOLVED PRINTABLE POSTERS

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## Read the Report



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Download the  
Indiana Behavioral  
Health Commission  
Advocacy Toolkit Today!



*Help  
Us  
Advocate*

for the priorities set by the Indiana  
Behavioral Health Commission

# READ THE FULL REPORT SCAN THE QR CODE



Thank you for downloading our toolkit! This campaign was made in partnership with The Indiana Council of Community Mental Health Centers, Mental Health America of Indiana, and NAMI Indiana. To access the report online, click the QR code.

# Thank You



## Connect With Us:

Indiana Council of Community Mental Health Centers:

<https://www.indianacouncil.org>

EMAIL: [Zoe Frantz, CEO](mailto:Zoe.Frantz@indianacouncil.org)

Mental Health America of Indiana

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