

SENATE BILL No. 1

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-7-2; IC 12-15-1.3-25; IC 12-21.

Synopsis: Behavioral health matters. Provides that, not later than December 31, 2024, the office of the secretary of family and social services shall apply to the United States Department of Health and Human Services: (1) for a Medicaid state plan amendment, a waiver, or an amendment to an existing waiver to require reimbursement for eligible certified community behavioral health clinic services; or (2) to participate in the expansion of a community mental health services demonstration program. Requires the division of mental health and addiction to establish and maintain a help line: (1) to provide confidential emotional support and referrals to certain resources to individuals who call the help line; and (2) that is accessible by calling a toll free telephone number. Reestablishes the Indiana behavioral health commission. Changes the name of the "9-8-8 crisis hotline center" to "9-8-8 crisis response center". Makes an appropriation. Makes conforming changes.

Effective: Upon passage; July 1, 2023.

Crider

January 9, 2023, read first time and referred to Committee on Appropriations.



First Regular Session of the 123rd General Assembly (2023)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

SENATE BILL No. 1

A BILL FOR AN ACT to amend the Indiana Code concerning human services and to make an appropriation.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-7-2-0.3, AS ADDED BY P.L.207-2021,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2023]: Sec. 0.3. "9-8-8 crisis ~~hotline~~ **response** center", for
4 purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-1.

5 SECTION 2. IC 12-7-2-0.4 IS ADDED TO THE INDIANA CODE
6 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
7 1, 2023]: **Sec. 0.4. "9-8-8 suicide and crisis lifeline", for purposes of**
8 **IC 12-21-8, has the meaning set forth in IC 12-21-8-1.2.**

9 SECTION 3. IC 12-7-2-26.3 IS ADDED TO THE INDIANA CODE
10 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
11 1, 2023]: **Sec. 26.3. "Certified community behavioral health clinic",**
12 **for purposes of IC 12-15-1.3-25, has the meaning set forth in**
13 **IC 12-15-1.3-25.**

14 SECTION 4. IC 12-7-2-34, AS AMENDED BY P.L.75-2020,
15 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16 UPON PASSAGE]: Sec. 34. "Commission" means the following:

17 (1) For purposes of IC 12-10-2, the meaning set forth in



IC 12-10-2-1.

(2) For purposes of IC 12-12-2, the meaning set forth in IC 12-12-2-1.

(3) For purposes of IC 12-13-14, the meaning set forth in IC 12-13-14-1.

(4) For purposes of IC 12-15-30.5, the meaning set forth in IC 12-15-30.5-2.

(5) For purposes of ~~IC 12-21-7~~, **IC 12-21-7.1**, the meaning set forth in ~~IC 12-21-7-1~~. **IC 12-21-7.1-1**.

(6) For purposes of IC 12-28-1, the meaning set forth in IC 12-28-1-3.

SECTION 5. IC 12-7-2-131.9 IS REPEALED [EFFECTIVE JULY 1, 2023]. ~~Sec. 131.9. "National suicide prevention lifeline", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-4.~~

SECTION 6. IC 12-7-2-197.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 197.5. "Veteran crisis line", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-5.5.**

SECTION 7. IC 12-15-1.3-25 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 25. (a) As used in this section, "certified community behavioral health clinic" refers to a community behavioral health clinic that has been certified according to criteria established under Section 223 of the federal Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note).**

(b) Not later than December 31, 2024, the office of the secretary shall apply to the United States Department of Health and Human Services:

(1) for:

(A) an amendment to the state Medicaid plan; or

(B) a waiver or any amendment to an existing waiver;

to require reimbursement by the office of the secretary or a contractor of the office of the secretary for eligible certified community behavioral health clinic services provided by a behavioral health professional, including a behavioral health professional authorized to provide Medicaid services and employed by a certified community behavioral health clinic; or

(2) to participate in the expansion of a community mental health services demonstration program under Section 223 of the federal Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note), as amended by the Bipartisan Safer



Communities Act (P.L. 117-159).

(c) Reimbursement described in subsection (b)(1) must include reimbursement for at least:

- (1) an initial assessment;**
- (2) intake;**
- (3) counseling;**
- (4) medication management;**
- (5) care coordination;**
- (6) peer services; and**
- (7) other services required by the division as provided in the state plan amendment, waiver, or demonstration program; in a certified community behavioral health clinic for an eligible Medicaid recipient.**

(d) The office of the secretary may adopt rules under IC 4-22-2 necessary to implement this section.

(e) This section expires December 31, 2025.

SECTION 8. IC 12-21-5-1.5, AS AMENDED BY P.L.243-2017, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1.5. (a) The division shall do the following:

- (1) Adopt rules under IC 4-22-2 to establish and maintain criteria to determine patient eligibility and priority for publicly supported mental health and addiction services. The rules must include criteria for patient eligibility and priority based on the following:
 - (A) A patient's income.
 - (B) A patient's level of daily functioning.
 - (C) A patient's prognosis.
- (2) Within the limits of appropriated funds, contract with a network of providers to provide services in an appropriate setting that is the least restrictive to individuals who qualify for the services.
- (3) Require the providers of services funded directly by the division to be in good standing with an appropriate accrediting body as required by rules adopted under IC 4-22-2 by the division.
- (4) Develop a provider profile that must be used to evaluate the performance of a provider. A provider's profile must include input from consumers, citizens, and representatives of the mental health ombudsman program (IC 12-27-9) regarding the provider's:
 - (A) information provided to the patient on patient rights before treatment;
 - (B) accessibility, acceptability, and continuity of services provided or requested; and



- 1 (C) total cost of care per individual, using state administered
 2 funds.
- 3 (5) Ensure compliance with all other performance criteria set
 4 forth in a provider contract. In addition to the requirements set
 5 forth in IC 12-21-2-7, a provider contract must include the
 6 following:
- 7 (A) A requirement that the standards and criteria used in the
 8 evaluation of care plans be available and accessible to the
 9 patient.
- 10 (B) A requirement that the provider involve the patient in the
 11 choice of and preparation of the treatment plan to the greatest
 12 extent feasible.
- 13 (C) A provision encouraging the provider to intervene in a
 14 patient's situation as early as possible, balancing the patient's
 15 right to liberty with the need for treatment.
- 16 (D) A requirement that the provider set up and implement an
 17 internal appeal process for the patient.
- 18 (6) Establish a toll free telephone number that operates during
 19 normal business hours for individuals to make comments to the
 20 division in a confidential manner regarding services or service
 21 providers.
- 22 (7) Develop a confidential system to evaluate complaints and
 23 patient appeals received by the division of mental health and
 24 addiction and to take appropriate action regarding the results of
 25 an investigation. A provider is entitled to request and to have a
 26 hearing before information derived from the investigation is
 27 incorporated into the provider's profile. Information contained
 28 within the provider profile is subject to inspection and copying
 29 under IC 5-14-3-3.
- 30 (8) Ensure that providers of services of residential care and
 31 supported housing for chronic addiction, when used as a recovery
 32 residence that receives reimbursement from the office, acquire
 33 and maintain the certification required in IC 12-21-2-3(14).
- 34 **(9) Establish and maintain a help line:**
- 35 **(A) to provide confidential emotional support and referrals**
 36 **to behavioral health resources to individuals who call the**
 37 **help line; and**
- 38 **(B) that is accessible by calling a toll free telephone**
 39 **number.**
- 40 (b) The division may adopt rules under IC 4-22-2 to establish
 41 standards for residential care and supported housing for chronic
 42 addiction when used as a recovery residence.



SECTION 9. IC 12-21-5-8, AS ADDED BY P.L.74-2022, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) As used in this section, "certified community behavioral health clinic" refers to a community behavioral health clinic that has been certified according to criteria established by the Secretary of the United States Department of Health and Human Services under Section 223 of the federal Protecting Access to Medicare Act of 2014 (P.L. 113-93).

(b) Not later than November 1, 2022, the division shall establish a plan to expand the use of certified community behavioral health clinics in Indiana.

(c) The division shall, in preparing the plan required under subsection (b), consider the following:

- (1) Use of crisis ~~hotline~~ **response** centers and mobile crisis teams, as described in IC 12-21-8.
- (2) Use of the federal Substance Abuse and Mental Health Services Administration Certified Community Behavioral Health Clinic Expansion Grants.
- (3) Potential expansion of Medicaid certified community behavioral health clinics under Section 223 of the federal Protecting Access to Medicare Act of 2014 (P.L. 113-93).
- (4) Restructuring state funding for behavioral health services through prospective payment or another financing model.

SECTION 10. IC 12-21-7.1 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 7.1. Indiana Behavioral Health Commission

Sec. 1. As used in this chapter, "commission" means the Indiana behavioral health commission established by section 2 of this chapter.

Sec. 2. The Indiana behavioral health commission is established.

Sec. 3. (a) The commission shall consist of the following members:

- (1) One (1) legislative member appointed by the speaker of the house of representatives who shall serve as a nonvoting member.**
- (2) One (1) legislative member appointed by the minority leader of the house of representatives who shall serve as a nonvoting member.**
- (3) One (1) legislative member appointed by the president pro tempore of the senate who shall serve as a nonvoting member.**
- (4) One (1) legislative member appointed by the minority**



- 1 leader of the senate who shall serve as a nonvoting member.
- 2 (5) The director of the division or the director's designee.
- 3 (6) The director of the office of Medicaid policy and planning
- 4 or the director's designee.
- 5 (7) The director of the department of child services or the
- 6 director's designee.
- 7 (8) The secretary of education or the secretary's designee.
- 8 (9) A representative from the office of the secretary of family
- 9 and social services.
- 10 (10) A representative from the Indiana school resource
- 11 officers association.
- 12 (11) The following individuals from a community mental
- 13 health center:
- 14 (A) One (1) representative who serves as a chief executive
- 15 officer at a community mental health center.
- 16 (B) Three (3) representatives with supervisory experience
- 17 at a community mental health center, with one (1)
- 18 representative from each of the following service areas:
- 19 (i) Adult services.
- 20 (ii) Youth services.
- 21 (iii) Addiction services.
- 22 (12) A school based mental health coordinator.
- 23 (13) A representative from a local law enforcement agency.
- 24 (14) A representative from a mental health advocacy
- 25 association with statewide jurisdiction.
- 26 (15) A parent of a student who:
- 27 (A) is currently using; or
- 28 (B) has used;
- 29 school based mental health services.
- 30 (16) An adult who has received services from or through a
- 31 local community mental health services provider.
- 32 (17) The mayor of an Indiana city with an existing mental
- 33 health initiative.
- 34 (18) A representative from a local public safety agency.
- 35 (19) A representative from a state operated mental health
- 36 facility.
- 37 (20) A licensed psychiatrist.
- 38 (21) A psychologist licensed under IC 25-33.
- 39 (22) An addictionologist.
- 40 (23) A representative affiliated with an emergency medical
- 41 services provider.
- 42 (24) One (1) licensed clinical social worker.



(25) One (1) representative of a mental health provider association with statewide jurisdiction.

(b) The governor shall appoint the commission members described in subsection (a)(10) through (a)(25). The governor shall appoint one (1) member of the commission to serve as chairperson of the commission.

(c) A:

(1) chairperson shall serve at the pleasure of the governor; and

(2) commission member shall serve at the pleasure of the chairperson.

(d) Each member of the commission who is not a state employee is not entitled to the minimum salary per diem provided under IC 4-10-11-2.1(b). The member is, however, entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties, as provided in the state policies and procedures established by the state department of administration and approved by the budget agency.

(e) Each member of the commission who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties, as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(f) Each member of the commission who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to legislative members of interim study committees established by the legislative council. Per diem, mileage, and travel allowances paid under this subsection shall be paid from appropriations made to the division.

Sec. 4. (a) The commission shall prepare a final report due not later than October 1, 2024.

(b) The report must address issues in the following areas:

(1) Assessment and inventory.

(2) Funding and data.

(3) Youth and families.

(4) System design and access.

(c) The respective assessment and inventory portions of the report must do the following:

(1) Conduct an assessment of behavioral health in Indiana. An



assessment performed under this subdivision must include an evaluation of the following mental health issues in Indiana:

- (A) Suicide.
- (B) Mental health conditions and disorders.
- (C) Substance use disorders.
- (D) Childhood trauma.

(2) Evaluate barriers to mental health and substance use disorder treatment in Indiana. An assessment performed under this subdivision must include an evaluation of the following:

- (A) Mental health systems.
- (B) Access to mental health systems.
- (C) Mental health providers.
- (D) Funding for mental health systems and providers.

(3) Evaluate other state and national evidence based preventative and mental health programs. An evaluation performed under this subdivision must consider best practices for the following issues:

- (A) Suicide prevention.
- (B) Early intervention for mental health related issues.
- (C) Treatment for substance use disorder.

(4) Conduct an inventory and assessment of Indiana's integrated, school based mental health service programs and related evidence based preventative programs.

(d) The respective funding and data portions of the report must do the following:

(1) Review mental health and substance abuse funding sources. A review conducted under this subdivision must include a review of the following:

- (A) Medicaid.
- (B) Recovery works.
- (C) Local tax revenue.
- (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.

(e) The respective youth and families portions of the report must



do the following:

(1) Assess the impact of mental health and substance abuse issues on schools and the Indiana workforce. An assessment performed under this subdivision must include an evaluation of programs designed to improve transferrable skills.

(2) Prepare implementation recommendations from the 2018 Indiana School Safety Recommendations report that pertain to mental health and behavioral initiatives. A recommendation issued under this subdivision must provide additional steps designed to increase access to evidence based preventative programs for all students and mental health and behavioral health services for students in kindergarten through grade 12 students in need.

(f) The respective system design and access portions of the report must do the following:

(1) Recommend ways to improve access to a continuum of behavioral health services across Indiana. A recommendation issued under this subdivision must include a review of 440 IAC 4.1.

(2) Recommend options to develop, improve, and implement crisis response protocols for behavioral health emergencies.

(3) Review the implementation of:

(A) whole health model; and

(B) integrated care; paradigms.

(4) Assess value based system design with safety net characteristics.

(5) Develop recommendations and strategies designed to encourage collaboration, transparency, and innovation in mental health care delivery.

(6) Assess how age, race, and geographic location affect access to behavioral and mental health treatment.

(g) The commission may, in addition to the topics described in subsections (c) through (f), discuss any other topic or issue related to the overall improvement of the behavioral and mental health of Indiana residents.

(h) The report shall be issued to the following parties:

(1) The governor.

(2) The legislative council.

(3) Any other party specified by the commission chairperson.

(i) A commission report prepared under this section must be, as appropriate, submitted to the parties designated under subsection



(h) in an electronic format under IC 5-14-6.

Sec. 5. This chapter expires December 31, 2025.

SECTION 11. IC 12-21-8-1, AS ADDED BY P.L.207-2021, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. As used in this chapter, "9-8-8 crisis ~~hotline~~ **response** center" or "center" means a state identified center participating in the ~~national suicide prevention~~ **lifeline 9-8-8 suicide and crisis lifeline** network to respond to statewide or regional 9-8-8 calls.

SECTION 12. IC 12-21-8-1.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 1.2. As used in this chapter, "9-8-8 suicide and crisis lifeline" means the nationally certified network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress on a twenty-four (24) hours a day, seven (7) days a week basis.**

SECTION 13. IC 12-21-8-4 IS REPEALED [EFFECTIVE JULY 1, 2023]. ~~Sec. 4. As used in this chapter, "national suicide prevention lifeline" means a nationally certified network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress on a twenty-four (24) hours a day, seven (7) days a week basis.~~

SECTION 14. IC 12-21-8-5.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 5.5. As used in this chapter, "veteran crisis line" means the veteran crisis line maintained by the United States Department of Veterans Affairs.**

SECTION 15. IC 12-21-8-6, AS ADDED BY P.L.207-2021, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) The division has primary oversight over suicide prevention and crisis services activities and essential coordination with designated 9-8-8 crisis ~~hotline~~ **response** centers. The division shall work with the ~~national suicide prevention lifeline~~ **9-8-8 suicide and crisis lifeline** and the ~~Veterans Crisis Hotline~~ **veteran crisis line** networks for the purpose of ensuring consistency of public messaging concerning 9-8-8 services.

(b) Not later than July 1, 2022, the division may designate at least one (1) 9-8-8 crisis ~~hotline~~ **response** center in Indiana to coordinate crisis intervention services and crisis care coordination to individuals accessing the ~~9-8-8 suicide prevention and behavioral health crisis hotline~~ **(9-8-8 crisis hotline) 9-8-8 suicide and crisis lifeline** from anywhere in Indiana twenty-four (24) hours a day, seven (7) days a



1 week.

2 (c) In order to be designated by the division under subsection (b), a
3 9-8-8 crisis ~~hotline~~ **response center** must meet the following:

4 (1) Have an active agreement with the administrator of the
5 ~~national suicide prevention lifeline~~ **9-8-8 suicide and crisis**
6 **lifeline** for participation within the network.

7 (2) Comply with the ~~national suicide prevention lifeline~~ **9-8-8**
8 **suicide and crisis lifeline** requirements and best practice
9 guidelines for operational and clinical standards.

10 (3) Use technology, including chat and texting that is
11 interoperable between and across crisis and emergency response
12 systems used throughout Indiana to ensure cohesive and
13 coordinated crisis care.

14 SECTION 16. IC 12-21-8-8, AS ADDED BY P.L.207-2021,
15 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16 JULY 1, 2023]: Sec. 8. (a) A designated 9-8-8 crisis ~~hotline~~ **response**
17 center may deploy crisis and outgoing services, including mobile crisis
18 teams, and coordinate access to crisis receiving and stabilization
19 services or other appropriate local sources in accordance with
20 guidelines by the ~~national suicide prevention lifeline~~. **9-8-8 suicide and**
21 **crisis lifeline**.

22 (b) A designated 9-8-8 crisis ~~hotline~~ **response center** shall
23 coordinate access to crisis receiving and stabilization services for
24 individuals accessing the ~~9-8-8 suicide prevention and behavioral~~
25 ~~health crisis hotline~~ **9-8-8 suicide and crisis lifeline** through
26 appropriate information sharing concerning availability of services.

27 (c) A designated 9-8-8 crisis ~~hotline~~ **response** center shall meet the
28 requirements set forth by the ~~national suicide prevention lifeline~~ **9-8-8**
29 **suicide and crisis lifeline** for serving high risk and specialized
30 populations, including individuals with co-occurring mental health and
31 substance use disorders and other relevant and culturally sensitive
32 special populations, as identified by the federal Substance Abuse and
33 Mental Health Services Administration, including training
34 requirements and policies for transferring callers to an appropriate
35 specialized center or subnetwork.

36 (d) A designated 9-8-8 crisis ~~hotline~~ **response** center must provide
37 follow-up services to individuals accessing the ~~9-8-8 crisis hotline~~
38 **9-8-8 suicide and crisis lifeline** consistent with guidelines and policies
39 established by the ~~national suicide prevention lifeline~~. **9-8-8 suicide**
40 **and crisis lifeline**.

41 SECTION 17. IC 12-21-8-9, AS ADDED BY P.L.207-2021,
42 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



JULY 1, 2023]: Sec. 9. Before March 1 of each year, a designated 9-8-8 crisis ~~hotline~~ **response** center shall submit a written report to the division concerning the ~~9-8-8 crisis hotline's~~ **9-8-8 suicide and crisis lifeline's** usage and the services provided by the center.

SECTION 18. [EFFECTIVE JULY 1, 2023] (a) As used in this SECTION, "certified community behavioral health clinic" refers to a community behavioral health clinic that has been certified according to criteria established under Section 223 of the federal Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note).

(b) As used in this SECTION, "community mental health center" has the meaning set forth in IC 12-7-2-38.

(c) As used in this SECTION, "crisis receiving and stabilization services" has the meaning set forth in IC 12-21-8-2.

(d) As used in this SECTION, "division" refers to the division of mental health and addiction established by IC 12-21-1-1.

(e) As used in this SECTION, "mobile crisis team" has the meaning set forth in IC 12-21-8-3.

(f) For the state fiscal year beginning July 1, 2023, and ending June 30, 2024, there is appropriated from the state general fund to the division fifteen million dollars (\$15,000,000) to fund community mental health centers in:

- (1) establishing certified community behavioral health clinics;
- and
- (2) providing crisis response services, including mobile crisis teams and crisis receiving and stabilization services.

(g) For the state fiscal year beginning July 1, 2024, and ending June 30, 2025, there is appropriated from the state general fund to the division fifteen million dollars (\$15,000,000) to fund community mental health centers in:

- (1) establishing certified community behavioral health clinics;
- and
- (2) providing crisis response services, including mobile crisis teams and crisis receiving and stabilization services.

(h) This SECTION expires July 1, 2025.

SECTION 19. An emergency is declared for this act.

