



## Indiana Behavioral Health Commission

Meeting Minutes for November 20, 2023, 1:30 p.m. – 4:30 p.m.  
Indiana Government Center South, Conference Room A  
404 West Washington Street, Indianapolis, Indiana 46204  
Chairperson: Jay Chaudhary

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

Meeting may be viewed at [https://www.youtube.com/live/\\_sMI9A-fHDQ?si=jZoeRNcZ5v3CgWfl](https://www.youtube.com/live/_sMI9A-fHDQ?si=jZoeRNcZ5v3CgWfl)

### Minutes

#### **Commission Members Present:**

Jay Chaudhary  
Michelle Clarke  
Senator Michael Crider  
Zoe Frantz  
Representative Victoria Garcia-Wilburn

Steve McCaffrey  
David Reed  
Kellie Streeter  
Jason Tomcsi  
Rachel Yoder

#### **Commission Members Absent:**

Senator Andrea Hunley  
Representative Cindy Ledbetter

#### **The following items were discussed:**

##### **Item 1: Welcome and Introductions**

##### **Outcome:**

J. Chaudhary: Welcomed everyone to the Behavioral Health Commission. Acknowledged both the importance and difficulty of the work ahead for the Commission. Informed members of the purpose of this meeting. Substantive meetings will be held at later dates. He requested that Commission members introduce themselves, why they are participating and what members hope to accomplish.

All members of the Commission provided introductions, roles, and their interest in serving on the Commission.

J. Chaudhary recognized the Division of Mental Health and Addiction staff present: Gina Woodward, Danica Fultz, Kate Heger, and Bethany Ecklor. He highlighted Gina's efforts to improve the behavioral workforce in Indiana.

J. Chaudhary acknowledged two missing members of the Commission: Senator Andrea Hunley and Representative Cindy Ledbetter. Appointments were missed by DMHA, and full attendance is expected at the next meeting.

## **Item 2: Overview of Behavioral Health Commission Responsibilities and Scope**

### **Outcome:**

J. Chaudhary talked about the agenda with a brief intro; he wants to do this better by reflecting on the first commission report and asked the Commission about how to increase public participation for the Commission to build infrastructure. He discussed the scale of work and recognized the importance of these topics.

The purpose and legislative requirements were outlined:

1. Report to legislature on October 1, 2024.
2. Progress on work: crisis response system and certified community behavioral health clinic model.
3. Progress on the recommendations of the commission's previous report submitted on October 1, 2022.
4. An in-depth examination of the following areas:
  - a. The mental health of youth and adolescents, as well as the system in place for treatment and care of youth and adolescents.
  - b. The mental health of individuals 55 and older
  - c. The level of mental health care available to individuals with intellectual and developmental disabilities.
5. A review of the:
  - a. annual increase in the number of crisis services provided by certified community behavioral health centers.
  - b. annual increase in the number of behavioral health professionals providing Medicaid services.
  - c. annual change in the number of suicides in the state.
  - d. annual change in the number of persons admitted to emergency rooms for mental illness; and
  - e. annual number of people held in a local jail with a mental health condition or substance use disorder.

## **Item 3: Reflections from Last Time**

### **Outcome:**

J. Chaudhary invited each member to discuss the lessons learned from the last Commission. He explained how he would like the Commission to improve upon previous work. From his perspective, he believed the simple messaging of the Commission's report led to broad support and policy change at the Legislature.

The Commission members who served previously, described their experiences serving on the previous commission. New members expressed gratitude for being on this commission and their observations of the previous Commission's impact. Members expressed that a unified and consistent message supported the success of the previous Commission, and it will be important moving forward for the next report. Sen. Crider said for bill presented to the house; an easy

message will help avoid any confusion, citing the 3 prompt recommendations for simple message as *“a place to call, someone to respond and a safe place to go for care.”*

Z. Frantz, Rep. Garcia-Wilburn, and S. McCaffrey expressed how important messaging is to the success of the Commission’s mission in creating unity.

J. Chaudhary and other members discussed potential opportunities, including summits that focus on behavioral health topics. S. McCaffrey and Sen. Crider explained that people want to discuss their ideas, focus on their key point as it relates to the study quantifying the cost of untreated mental illness.

J. Chaudhary, Z. Frantz, Sen. Crider, Rep. Garcia-Wilburn, K. Streeter, S. McCaffrey discussed the how the financial messaging will be important for the report. An area to focus will be region specific financial information and will improve this year’s report.

In addition to the financial information, more specific data for counties and regions was recommended. Members K. Streeter and Rep. Garcia-Wilburn highlighted the importance of specific data to communicate the importance of behavioral health for different populations.

J. Chaudhary stated that data is important, and the Commission will need to rely on non-profit and research partners to obtain data in a timely manner for the report. Z. Frantz added that outcomes are measured by data, and she asked upon what outcomes the Commission agree; how is it defined as outcomes have financial implications.

They were questions raised on Medicaid expenses – as 60 percent expenses of Mental Health cost are billed to Medicaid which has generated some personal and public opinion. The question is on how to increase Mental Health services with a lower cost approach. Jay said by October 2024, there will not be enough infrastructure to generate savings estimates.

M. McCaffrey suggested that it may benefit to build on the Indiana University article, *“Economic Burden Associated with Untreated Mental Illness in Indiana.”*<sup>1</sup> J. Chaudhary contributed that the Irsay Institute could add to the research currently being performed and asked if R. Yoder can ask her academic partners; R. Yoder confirmed that she can inquire with the Indiana University School of Medicine.

M. Crider summarized the discussion that the goal of the data is to inform if end-result of the investment is providing positive changes in Indiana, as he hopes to see actual figures and an additional dependable, and predictable funding stream. D. Reed stated that investment in behavioral health is generational.

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<sup>1</sup> (Taylor, Menachemi, Gilbert, Chaudhary, & Blackburn, 2023)

Z. Frantz discussed the importance of sustainability by elevating the gaps within, highlighting positive work done in Indiana, including peer recovery hubs, the Indiana Behavioral Health Access Program for Youth, and the Community Mental Health Center network.

J. Tomcsi discussed how social isolation has continued to impact older adults. J. Chaudhary inquired about the policies to improve public health. Discussion continued on local work and progress across the state. Mobile Integrated Health discussed as an additional program that has gained momentum with hospital and public safety stakeholders. M. Crider discussed how behavioral health intersects with other service delivery systems.

J. Chaudhary summarized the discussion by emphasizing the importance of storytelling accurately and succinctly. The Division of Mental Health and Addiction has resources to support the Commission.

R. Yoder inquired regarding the Irsay Institute scope of work, and J. Chaudhary responded that it is in progress and can be shared at a later date; he emphasized that due to the time constraint, support from community and academic partners is necessary to complete new tasks efficiently for the Commission.

V. Garcia-Wilburn discussed that loneliness affects any generation, including youth. She commended the previous Commission for their public messaging work, and she suggested that it continue to do the same regarding loneliness. J. Chaudhary agreed and added that Commission members share a unified message in tandem with policy recommendations. Z. Frantz expressed that she believed transitioning to home-based services is a risk of social isolation; she proposed plan to ensure that individuals have social components to support aging population. She also requested all members to find a way to raise the positive narrative and accomplishment over the negative projections.

#### **Item 4: Proposed Workplan**

##### **Outcome:**

For the present Commission, J. Chaudhary proposed that each meeting have a specific topic to discuss, in lieu of subgroups. The proposed workplan:

- Older Adults (January)
- Individuals with Intellectual and Developmental Disabilities (February/March)
- Children (May)
- Report on Progress (June)
- Final Meeting (Early August)

J. Chaudhary motioned for approval. Motion approved and seconded by members. All approved, none opposed. He also requested from members who have ideas to share with the commission members leading up to the next meeting.

**Item 5: Other Business****Outcome:**

M. Crider inquired about capacity to share information with the group; he explained it would be valuable to share information with other members. J. Chaudhary stated that this is a public commission, and he described the requirements to ensure that group meetings are publicly accessible.

Z. Frantz inquired if the Commission would have collaboration for the intellectually, developmentally disabled population, as this is outside the scope of the Division of Mental Health and Addiction. J. Chaudhary confirmed the collaboration.

Jay thanked the commissioner for their participation and adjourned the meeting.

**References**

Taylor, H. L., Menachemi, N., Gilbert, A., Chaudhary, J., & Blackburn, J. (2023). Economic Burden Associated with Untreated Mental Illness in Indiana. *JAMA Health Forum*.