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Association of Indiana Counties Annual Conference
County Commissioners Affiliate Meeting

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How Did We Get Here?

- Over the last several years, County Commissioners have had to play an increased role in the implementation and provision of mental health and addiction treatment in communities.
- Through no fault of the County Commissioners, the provision of community-based mental health and addiction treatment shifted away from Commissioners' oversight towards a state regulated and funded system.
- This is largely true due to the way mental health and addiction treatment is funded through various federal and state programs, specifically the Medicaid program and federal block grants for mental health and addiction treatment.
- Historically, such services were provided through county homes, county hospitals, and faith-based organizations, however in the early 1960's, with the closure of state hospitals and establishment of community mental health centers, the provision of mental health and addiction treatment was dramatically altered.
- In some states, community mental health and addiction services are county-based, however, Indiana utilizes a different model, involving primarily, non-profit organizations to carry out such services at a local level, with limited local oversight.
- While the movement away from county jurisdiction has assisted in reducing the county spend for such services, there is an increasing need for mental health and addiction services in local communities, adding to the areas of concern for County Commissioners.
- This reality has increased public pressure on County Commissioners to become actively engaged in how mental health and addiction services are occurring in their communities, even though Commissioners have little control over how such services are carried out.

Presentation Purpose

- This presentation is designed to assist County Commissioners in developing a better understanding of both needs and expectations in providing effective mental health and addiction treatment services in your County. Areas we will cover today include;

Assessing Your County's Mental Health and Addiction Resources

Performance Review

Fostering Partnerships

Understanding Health Systems and Medicaid

Criminal Justice Coordination

Use of Available Funds

Strategic Planning

Assessing Your County's Mental Health & Addiction Resources

- An important component of understanding what is occurring in your county is the initial development of a behavioral health and addiction community assessment.

- Areas which should be examined include:

  - General socio-economic demographics

  - Economic Indicators such as:
    - Poverty levels
    - Unemployment rate
    - Crime levels

  - Local Health Status and Access to Care Consideration
    - County Health Rankings
    - Community Health Indicators
    - ISDH Health Statistics
    - Behavioral Health Risk Factors
    - Community Needs Index Analysis
    - Community Mental Health Center data

  - Medically Underserved Area Analysis
    - Behavioral Health Professional Staff Shortage Areas

Assessing Your County's Mental Health & Addiction Resources

The primary challenge facing the mental health and addiction treatment industry is the lack of licensed and trained professionals to carry out services. The workforce shortage greatly impacts the availability and access to services. As an example, limitation in access to services results in increased criminal justice engagement and thus increases county costs.

Medically Underserved Area Analysis and Behavioral Health Professional Staff Shortage Areas

Established by Federal Health Resources and Services Administration (HRSA), the focus is on underserved populations consistent with HRSA's mission that promotes access to equitable and coordinated health and health care delivery services.

Designation of underserved areas provides greater opportunity for access to funds provided by HRSA and is managed through the Indiana State Department of Health, including community health centers.

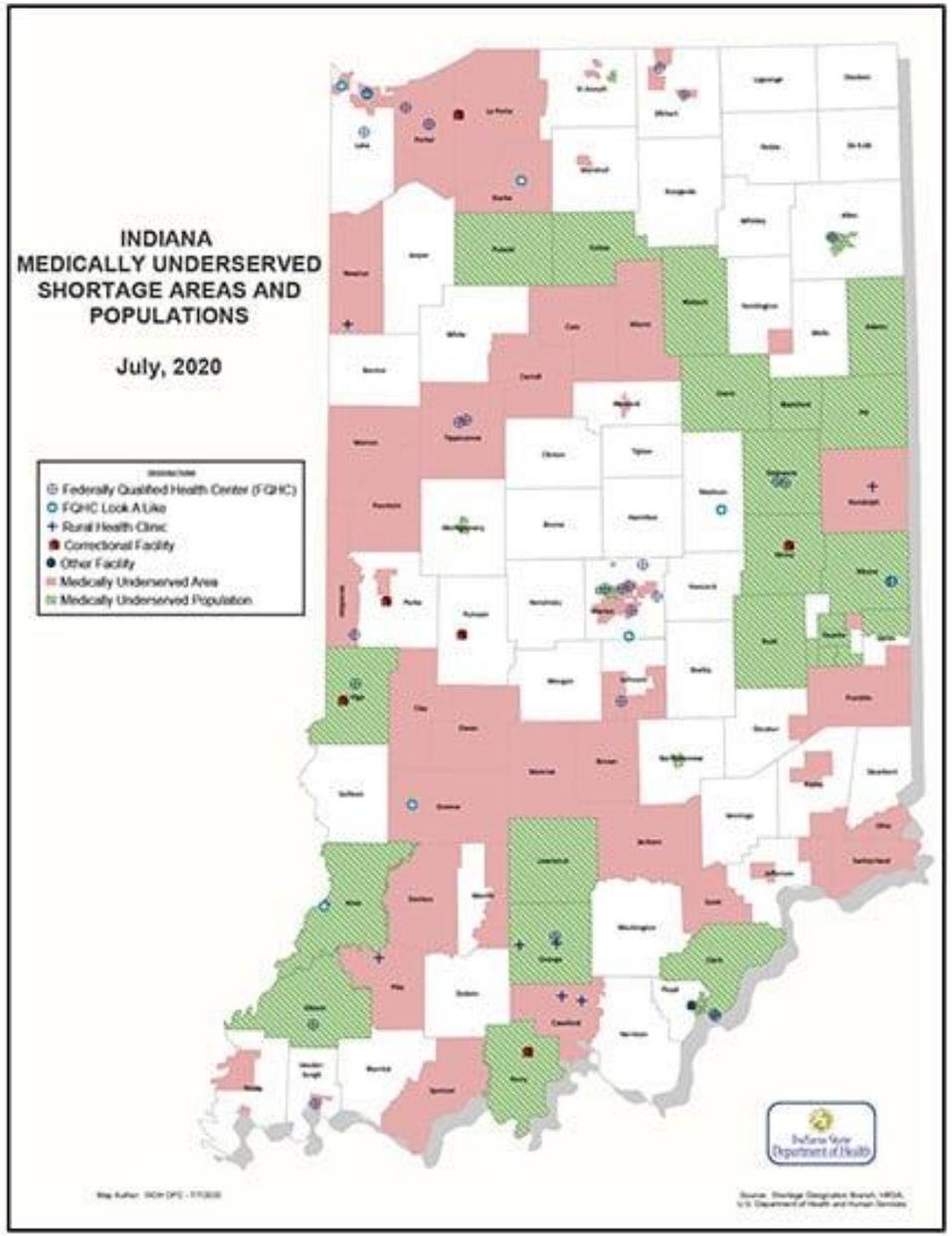
Primary analysis includes a designation of areas where residents are medically underserved.

Additionally, HRSA determines mental health professional shortage areas.

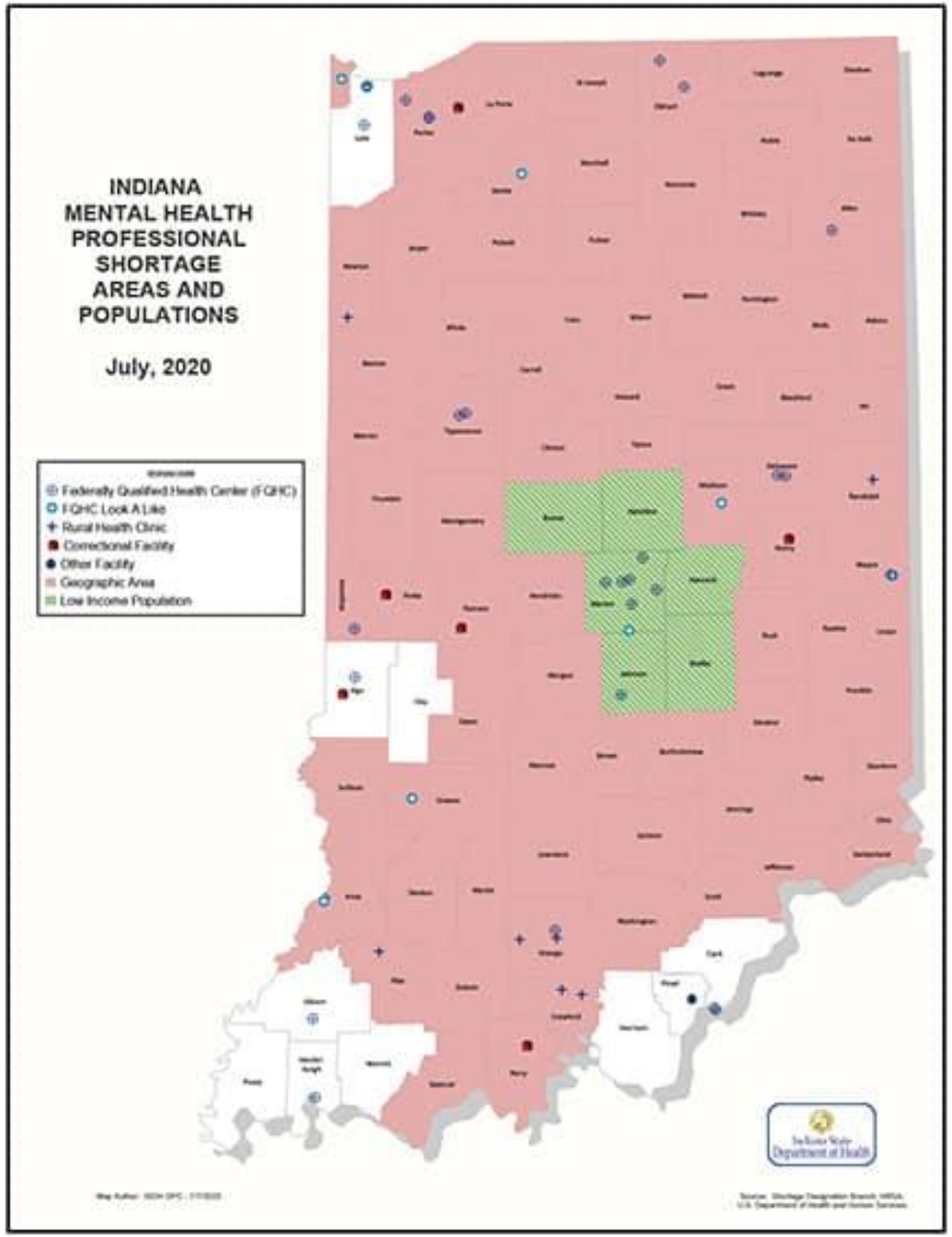
While these designation are important in providing funding and the establishment of new programs, they often don't fully tell the true story of the mental health and addiction workforce in Indiana. For example, the mental health shortage area is only based on the psychiatrist shortage and doesn't include the primary mental health and addiction professional workforce.

According to the Indiana University Bowen Center, Indiana ranked 47th in the count of psychiatrists per 100,000 population. As the existing psychiatrist workforce ages into retirement, shortages are likely to be exacerbated. In Indiana, nearly half (49.6%) of psychiatrists are age 55 or older.

Assessing Your County's Mental Health & Addiction Resources



Assessing Your County's Mental Health & Addiction Resources

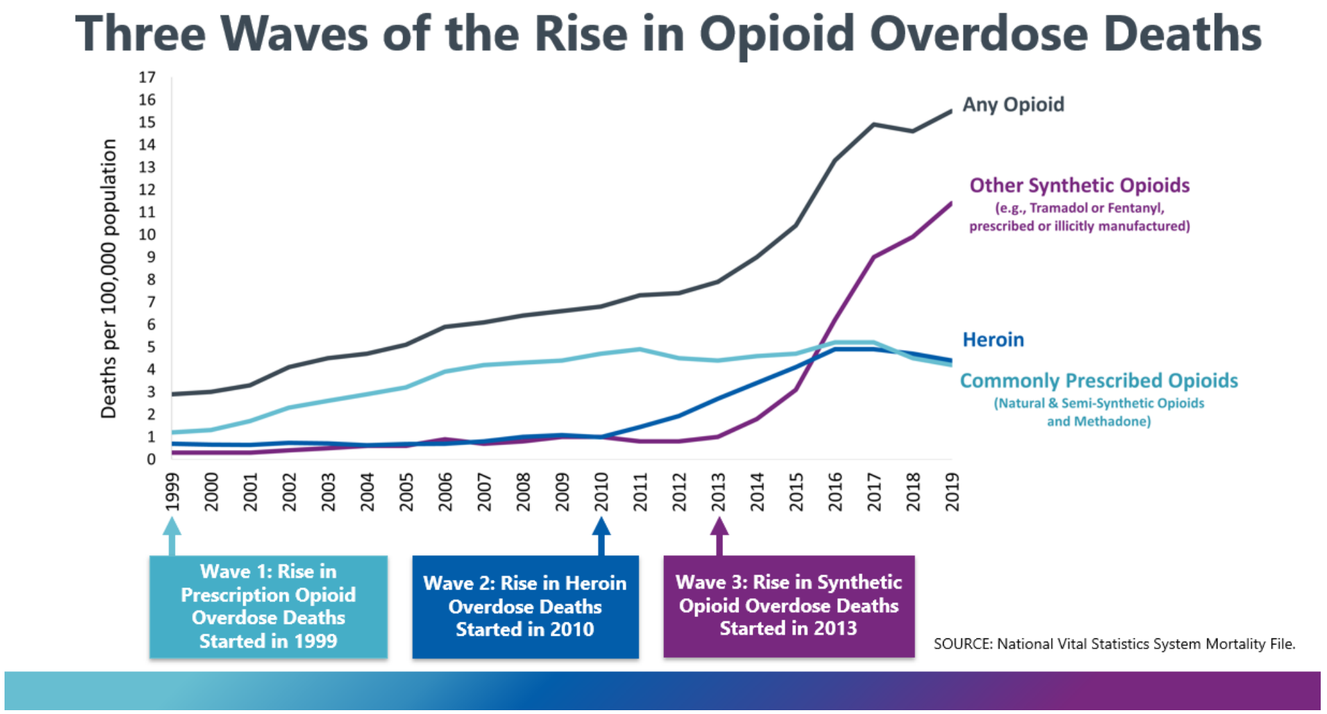


Assessing Your County's Mental Health & Addiction Resources

Additional mental health statistics reveal troubling data……

Only 43.6% of adults with mental illness in Indiana receive any form of treatment from either the public system or private providers (SAMHSA). The remaining 56.4% receive no mental health treatment.

According to Mental Health America, Indiana is ranked 45 out of the 50 states and Washington D.C. for providing access to behavioral health services.



Behavioral Health Performance Review

Commissioners not only need to assess mental health and addiction community resources but develop a performance metrics analysis based on all available behavioral health information. This should be completed in consideration of county funding provided to all behavioral-based community providers and organizations.

This requires a performance and documentation review of current community-based behavioral health resources and developing recommendations on ways to enhance and improve the value being provided to local communities.

The performance review need not be accusatory towards community health providers and organizations, but rather an opportunity to express County Commissioner's understanding of data and performance metrics in relation to local investment. In fact, this an important component of your stewardship of local funding. Don't feel guilty asking questions!

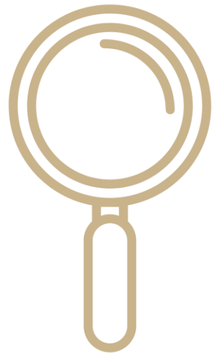
County Commissioners historically have had limited access to mental health and addiction performance data due to scarce legal or jurisdictional control.

There are some information sources to examine, however, as Community Mental Health Centers are required under IC 12-29-2-16 to provide service data to the Counties in which they are designated on an annual basis.

The data provides a summary of services provided in your county over a one-year period by the community mental health center in each county from which the community mental health center received funding.

A listing, by the county of patients' residence, of the following information:

- The total number of patients served by the community mental health center.
- The total number of patients receiving addiction treatment services from the community mental health center.
- The total number of patients receiving mental health services from the community mental health center.
- The total number of patients receiving both addiction treatment services and mental health services from the community mental health center.



Behavioral Health Performance Review

Additionally, requirements include a copy of the most recent financial audit provided to the Division of Mental Health and Addiction (DMHA) under 440 IAC 4.1-2-5, including a balance sheet of assets and liabilities. The audit must be prepared by an independent certified public accountant. Review these reports!

The law also requires that the Division of Mental Health and Addiction (DMHA) establish the format of the annual community mental health center report.

Commissioners are encouraged to engage with DMHA on report expectations beyond current requirements and indicate the data and information needed on an annual basis to properly determine performance metrics.

DMHA also has a requirement to annually provide to the County Commissioners a report that includes an overview of the total funding provided to all community mental health centers during the year, including funding provided by the DMHA for purposes required under IC 12-29-2.

The report is available on the DMHA website at https://secure.iot.in.gov/fssa/dmha/3454.htm

Under IC 12-29-2, DMHA is required to provide a count, by county of residence, of patients served by the community mental health centers under programs on the total number of patients served, including;

- Total number of patients served
- Total Number receiving addiction treatment services
- Total Number of patients receiving mental health services
- Total number of patients receiving both mental health and addiction services
- An assessment of overall outcomes provided by CMHCs.
- Indication of any divergence between state data and CMHC data.

Behavioral Health Performance Review

Keep in mind, behavioral health information provided to the County is only a one consideration on the level of behavioral health services occurring in a County, and as such, additional performance review is required.

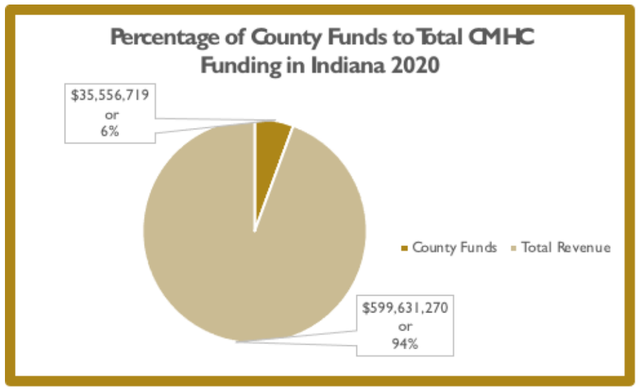
Hospitals receiving Medicaid funding are required to develop a "Community Needs Assessment", this document can be a value source for determining overall performance related to behavioral health.

A quick review of a local Hospital Needs Assessment (HNA) will **IN MOST EVERY CASE** identify mental health and addiction as the top health need facing communities. An HNA will provide guidance to county commissioners on the performance of healthcare in a local community,

An important part of a performance analysis is to compare your county funding provided to behavioral health providers and organizations against similar behavioral health data in other counties in relation to funding provided.

This type of analysis provides some level of understanding on how a county's mental health and addiction treatment services are performing in comparison with other counties in relation to the amount of financial contribution being provided and number of resident's being served.

It is important to keep in mind, the county contribution towards behavioral health services is a small percentage of total CMHC revenue.



Fostering Partnerships

Given the lack of jurisdiction over primary mental health and addiction services being provided in your county, it is critical County Commissioners play a primary role in fostering partnerships with community mental health centers, community organizations, and other behavioral health providers to expand service offerings and provide the best use of limited resources.

Using a shared problem-solving approach is required to overcome behavioral health challenges unique to your county. As an example, the use of contracted employees for certain behavioral health services can be utilized to maximize the availability of treatment services, such as outpatient treatment in a county jail, or support for local addiction centers.

Additionally, partnerships can take the form a learning collaborative. CareSource is partnering with local officials in Lawrence County for such an initiative.

CareSource Community Learning Collaborative:

The opioid crisis and COVID-19 pandemic are intersecting and presenting unprecedented challenges for families and communities. The COVID-19 pandemic has highlighted existing issues and presents new challenges in care for substance use disorder (SUD) as our members and health care providers navigate rapid system changes. It is for this reason that CareSource will host a Community Learning Collaborative (CLC). The CLC will provide a forum for discussion about the SUD continuum of care within Lawrence County and the surrounding area.

We chose to target Lawrence County in response to a need identified when meeting with a residential provider in the area. The provider voiced challenges to referring members to ongoing support services in their community, particularly members who are re-entering the community from incarceration as many of these individuals have parole restrictions which prevent them from leaving the county for SUD services or to access community resources such as an emergency shelter. Upon reviewing member data specific to Lawrence County, we identified many members who leave residential do not step down to a lower level of care for ongoing support. It is evident there is a gap in the availability of intensive outpatient and partial hospitalization services in the area as well as a lack in community resources for individuals experiencing homelessness. It is for this reason we chose to target this community for a CLC.

The goal of the CLC is to offer space for providers and local officials to share ideas, gauge the type of support needed, and brainstorm solutions to safely serve those members most in need. We intend to facilitate a discussion about barriers to treatment, increasing county treatment capacity, improving access to care, and ways in which CareSource as a managed care entity can support these efforts. The CLC will allow providers and community partners to actively collaborate and advocate for the support needed to care for this population.

Fostering Partnerships

Another way County Commissioners can play a more active role in the behavioral health partnerships in your community is to ensure you are properly represented on your designated community mental heath center Board of Directors.

IC 12-29-2-15 Commissioners as a member of the board

Sec. 15. (a) A community mental health center that:
(1) is certified by the division of mental health and addiction; and
(2) is not administered by a hospital licensed under IC 16-21-2;
***shall** include a member of a county fiscal body or a member of a board of county commissioners (or the designee of the member of the board of county commissioners) on the center's governing board. The member shall be selected by the board of county commissioners.*

Through this process, you can make your voice heard with respect to areas of focus the CMHC is pursuing, have a better understanding of behavioral health financial modeling in carrying out services, and serve as an advocacy voice for improved behavioral health services in your community.

County Commissioners also have the ability request a change of the designated CMHC serving your community, if you believe a partnership with another CMHC will serve your county.

440 IAC 4.1-3-3 County complaints regarding a community mental health center
Authority: IC 12-21-2-3; IC 12-29-2-1; IC 12-29-2-16
Affected: IC 12-7-2-40.6
Sec. 3. (a) If the county commissioners have a concern about the community mental health center (CMHC) that is assigned to their county as part of its exclusive geographic primary service area, the county commissioners shall first take their complaint to the CMHC. (b) If the concern cannot be resolved, the county commissioners may make a complaint to the director of the division of mental health and addiction. The director of the division of mental health and addiction shall mediate the disagreement between the CMHC and the county. The CMHC and the county have ninety (90) days to resolve their differences. (c) If the CMHC and the county have not resolved their differences within ninety (90) days, the county commissioners may file a request with the director of the division of mental health and addiction to have another CMHC assigned to their county as a part of the CMHC's exclusive geographic primary service area.

Understanding Health Systems

County Commissioners need to ensure the county is properly leveraging available resources through Medicaid, insurance, and health provider systems to best serve your community.

This becomes a challenging endeavor, given most health services provided in your community are outside of county control.

If you walk away with nothing else today, know that health systems are focused on receiving the highest level of reimbursement possible for services rendered, and this is what drives their incentive to participate in joint or partnership arrangements.

If you cannot offer something that incentivizes a health system to change behavior or business practice, it will not happen unless laws and regulations are changed requiring a shift in the health delivery system. Because this approach will likely change the financial business model under which they operate, you will likely encounter resistance (lobbying efforts, pressure to negotiate on other considerations, etc.).

Because many health systems are not designed for efficiency and coordination, the delivery of such services in your communities are largely disjointed, resulting in inefficiencies in service delivery and challenges in your constituent's ability to gain access to care.

County Commissioners can be active in making sure health leaders in the community are communicating and coordinating effectively by understanding the direction healthcare is headed, such as;

- Value Based Healthcare
- Telehealth Crisis Services
- Crisis/Mobile Response
- Residential addiction treatment

Understanding Health Systems

MEDICAID

The primary consideration of all publicly-funded healthcare delivery is Medicaid. The Medicaid program is a federal health insurance program for those requiring financial assistance. It is the public health insurance program for the financially disadvantaged.

The program is complicated, complex, and difficult to navigate. This is true for individuals receiving services through Medicaid and for government entities and organizations that provide services or engage with Medicaid.

It's important for County Commissioners to have a basic understanding of the Medicaid program to effect change in its administration. While you aren't expected to be an expert, if you want to improve healthcare delivery in your community, you need to possess a basic understanding of how Medicaid functions.

Medicaid is a federal program; however, it is administered and largely control by the state. Historically, County Commissioners have had little ability to influence the administration of the Medicaid program.

By developing a better understanding of Medicaid administration, County Commissioners can influence policies which impact access to care, such as the response to the Opioid addiction crisis.

This includes regular meetings between County Commissioners and Medicaid officials, where specific examples of health disparities and access to care issues in your county are highlighted. This also includes engaging your federal, and to a larger extent, state legislators to enact change.

The State of Indiana (along with all other states) have a "Medicaid State Plan". This plan outlines the state's approach to Medicaid delivery within the confines of allowable federal laws, rules, and regulations. In order to modify the current plan, a "State Plan Amendment" or SPA is required (subject to federal approval.)

Understanding Health Systems

MEDICAID

To understand Medicaid, you need to understand the basics of how the program is financed.

The financing of Medicaid is the primary driver of policies around the program and influences the ability to improve or change the program.

Most states have “carved in” Medicaid services under Managed Care Companies (insurance companies who work with the Medicaid population).

The concept is to manage costs, while promoting care coordination. Indiana has five managed care companies

- Anthem
- CareSource
- MDwise
- MHS
- United Healthcare

Managed care companies are paid by the state under “Per Member, Per Month” financing model, whereas the company receives a certain amount of funding from the state for each person they serve. The goal is to coordinate care, eliminate unnecessary services, and provide the best value to Medicaid recipient available within available resources.

Not all Medicaid services are under managed care. The state is moving to “carve-in” of long-term care or nursing homes.

Once this is completed next year, the Medicaid Rehabilitation Option (MRO) program, the primary Medicaid program for behavioral health, will be the remaining, large Medicaid program outside of managed care.

Understanding Health Systems

MEDICAID

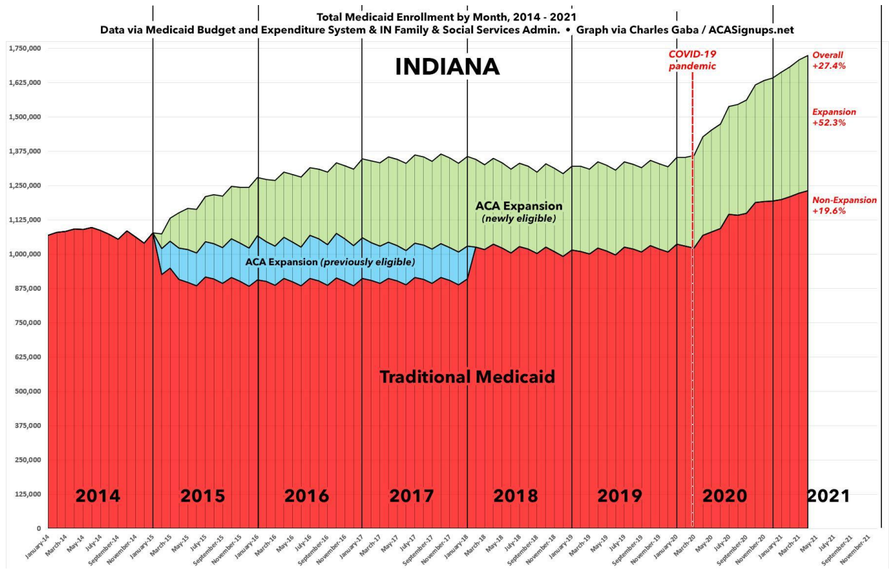
Medicaid requires a match of state, local, or other eligible inter-governmental source. This is known as Federal Medical Assistance Percentages (FMAP).

While the matching rate varies by states, Indiana is typically under a 2/3 1/3 matching rate. This means 1/3 of all Medicaid services must be paid by eligible matching funds sources, including state, local, or other eligible quasi-governmental entity.

Under the primary Medicaid behavioral health program, Medicaid Rehabilitation Option (MRO), county dollars are used to leverage the funding. This means county government receives two times the services for the money committed for services.

The leveraging of state and local funds plays a critical role in the Medicaid program and influences policies, decisions, and the ability to change to the program.

Medicaid enrollment continues to escalate……



Total Indiana Population: 6,690,000
Total Medicaid Enrollees: 1,909,496
Statewide Percentage Enrolled: 29%

Criminal Justice Coordination

- The area where County Commissioners have the greatest ability to influence public health within their communities is through the criminal justice system. Keep in mind, however, Medicaid does not cover the cost of outpatient treatment in county jails due to federal limitations. However, developing county strategies aimed at moving individuals away from the criminal justice system and into treatment is key.

- Fostering partnerships with county prosecutors, judges, community corrections, and behavioral health providers are key. Because many of these leaders are outside of county commissioner control, collaborative approaches are required.

According the National Alliance on Mental Illness (NAMI)

- About 2 million times each year, people with serious mental illness are booked into jails.
- About 2 in 5 people who are incarcerated have a history of mental illness (37% in state and federal prisons and 44% held in local jails).
- 66% of women in prison reported having a history of mental illness, almost twice the percentage of men in prison.
- Nearly one in four people shot and killed by police officers between 2015 and 2020 had a mental health condition.
- Suicide is the leading cause of death for people held in local jails.

- In terms of addiction, the most recent report by the Bureau of Justice Statistics estimate that 58% of adults who have been in state prisons and 63% of people who have been sentenced to jail have drug use disorders compared to 5% of the general adult population.

- Many people with addiction also have a mental health disorder, such as depression or post-traumatic stress disorder. About 45 percent of inmates in local jails and state prisons simultaneously grapple with a substance use and psychological disorder, according to the National Institutes of Health. Many experts believe this rate is much higher.

Criminal Justice Coordination

- Given these statistics, it is no wonder the county jails have become the de-facto mental health treatment facilities in local communities.
- Crisis Intervention Training (CIT) is a program through NAMI which assists in training law enforcement in recognizing evidence of mental illness and addition prior to arrest. Individuals trained in this program are taught how to deescalate a situation and reduce the burden on the local criminal justice system, including costly jail services.
- Most other initiatives around criminal justice coordination are locally created due to the rising concerns over the historic approach to incarceration for the behavior of individuals suffering from mental illness of addictive disorders.
- However, with the passage of HEA 1068-2021, locals have new opportunity to come together and work towards improved collaboration between criminal justice and behavioral health providers.
- Under the legislation, counties must establish and operationalize a Local or Regional Justice Reinvestment Advisory Councils - including coordination in pursuing criminal justice and behavioral health funding opportunities.
- Given the inability to use Medicaid for outpatient treatment mental health and addiction treatment due to federal limitations, more work is needed to move individuals away from the criminal justice system and into treatment.
- Creating change in this area requires leadership and vision, as well as changing mindsets over the nature of mental health and addiction disorders.

Criminal Justice Coordination

The purposes of the local or regional advisory council are to promote:
(1) the use of evidence-based practices; and
(2) the best practices of community-based alternatives and recidivism reduction programs, including:

- (A) probation services;
- (B) problem solving courts;
- (C) mental health and addiction treatment and recovery
- services;
- (D) pretrial services;
- (E) community corrections;
- (F) evidence-based recidivism reduction programs for
- currently incarcerated persons;
- (G) other rehabilitation alternatives; and
- (H) the incorporation of evidence-based decision making into decisions concerning jail overcrowding.

The law allows Counties to use the local Community Corrections Advisory Board to act as the Local JRAC. I would not recommend this approach in order to bring more focus on mental health and addiction versus criminal justice professionals who often have little experience or training in trauma, neuro-science, mental illness, addition, or behavioral health conditions (yet due to existing laws, they are expected to address these conditions through the criminal justice system).

The Statewide JRAC has primarily been focused on the criminal justice industry versus addressing mental illness. Recent changes added more behavioral health representation, but it doesn't go far enough.

To truly change the approach of treatment versus incarceration, the voices of County Commissioners become vitally important in the dialogue. Counties can no longer serve as the de-facto mental health and addiction facilities in our state.

Use of Available Funds

- While Commissioners don't have control over much of the monies spent on local mental health and addiction services, this doesn't always need to be the case.

- Given the influx of federal and state funding for mental health and addiction, in addition to the use of Opioid settlement dollars, now is the time to engage and have your voices heard on the most effective way to use such funding to maximize behavioral health funding in the most cost-effective manner possible.

The following is a short description of new funding being made available through the federal government to address mental health and addiction.

American Rescue Plan

- Supplemental funding is expected to under the American Rescue Plan, which must be spent by September 2025.
- Supplemental $26 million Substance Abuse Prevention and Treatment (SAPT) Block Grant.
- Supplemental $25 million for Mental Health Block Grant (MHBG).

- Additionally, there is $50 million each year of the biennium (a total of $100 million) subject to state legislative oversight.
    - Specifically, the language states FSSA, in consultation with IDOH, shall utilize the appropriations **to address mental health needs across the state.**
    - The administration shall use regional-level data regarding suicide hotline use, overdose mortality, and population to determine the distribution of funds.

Use of Available Funds

Opioid Litigation Settlement

- Final funding amounts under the Opioid Litigation Settlement are still pending.
- Settlements vary by Pharmaceutical company. Purdue Pharma recently agreed to an $8.3 billion settlement, with an agreement no further action may be brought against the company.
- Communities are making their own decisions to "opt in" or "opt out" of the proposed state settlement.
- Most rural counties are opting in, and most urban counties are opting out, with an expectation they can receive a larger settlement. The "opt out approach provides greater local control over the use of funds, however there is uncertainty if this approach will prove cost effective. Time will tell.

Based on language contained in HEA 1001, the legislature has some control over how these funds will be spent. Specifically, the law requires:

- Fifteen percent (15%) to the agency settlement fund established by IC 4-12-16-2.
- Fifteen percent (15%) to the agency settlement fund established by IC 4-12-16-2 for distribution to cities, counties, and towns on a per capita basis.
- Seventy percent (70%) to the agency settlement fund established by IC 4-12-16-2 to be used for statewide treatment, education, and prevention programs for opioid use disorder and any co-occurring substance use disorder **or mental health issues** as defined or required by the settlement documents or court order.

- The amount distributed to FSSA is for treatment, education, and prevention programs for opioid use disorder and any co-occurring substance use disorder or mental health issues as defined or required by the settlement documents or court order.
- FSSA must allocate fifty percent (50%) of the funds received annually under this subsection to eligible community-based treatment, education, and prevention programs for opioid use disorder and any co-occurring substance use disorder or mental health issues.
- FSSA will divide the state into regions based on population and ensure that funds are awarded to participating entities in each region of the state. Data from calendar years beginning after December 31, 2017, and ending before January 1, 2021, related to opioid use disorder during those calendar years, including overdoses and deaths, **may** be considered in the process of determining regional funding allocations under the law.

Strategic Planning - Key Actions for County Commissioners

- Undertake an analysis and assessment of your county's mental health and addiction health resources and statistics.
- Develop performance metrics specific for your county based on the information you have available and with consideration of the direct funding being provided by the county.
- Work towards improved partnerships with health providers and social service organizations in your local community. Be an active voice at the table.
- Develop an understanding of health system, specifically health system financing and the Medicaid program.
- Understand the value of using a treatment versus criminal justice approach to addressing mental illness and addition disorders in your community.
- Investigate all existing and new sources of revenue for behavioral health and work to not only maximize the funds received by county but making sure those funds are spent in the most effective way possible with the greatest value for your community.

Now is the time for County Commissioners to make your voices heard and help shape the future of mental health and addiction treatment in your county.

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