**SB 1, Behavioral Health Commission, CCBHC/988**

 *No funding*

**DMHA/CMHC** [see page 44, line 10-29]

*Adds $6.5M in each year to provide reimbursement for services provided by community mental health centers in the group home setting*

10 SERIOUSLY EMOTIONALLY DISTURBED

11 Total Operating Expense 14,571,352 14,571,352

12 SERIOUSLY MENTALLY ILL

13 Total Operating Expense 90,811,518 90,811,518

14 COMMUNITY MENTAL HEALTH CENTERS

15 Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)

16 Total Operating Expense 13,700,000 13,700,000

17

18 The above appropriations for comprehensive community mental health services include

19 the intragovernmental transfers necessary to provide the nonfederal share of reimbursement

20 under the Medicaid rehabilitation option. Of the above appropriations, $6,500,000

21 each fiscal year shall be used to make per diem payments to group homes operated

22 by community mental health centers.

23

24 The comprehensive community mental health centers shall submit their proposed annual

25 budgets (including income and operating statements) to the budget agency on or before

26 August 1 of each year. All federal funds shall be used to augment the above appropriations

27 rather than supplant any portion of the appropriation. The office of the secretary, with

28 the approval of the budget agency, shall determine an equitable allocation of the appropriation

29 among the mental health centers.

**READI 2.0** [see page 96, line 18-26]

*Appropriates $500M for READI grants to include mental health*

18 SECTION 59. IC 5-28-41-17 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

19 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 17. In addition to the purposes described

20 in section 7 of this chapter, the following expenses are eligible to be funded by the fund:

21 (1) Costs associated with increasing housing and associated infrastructure, including strategies

22 that lead to permanent housing for individuals experiencing homelessness.

23 (2) Costs related to programs to **support community mental health** and public health.

24 (3) Costs related to providing broadband services, but only if all other funding sources for the

25 provision of broadband have been exhausted.

26 (4) Costs related to improving the quality of life in the region.

**Suicide Prevention** [See page 52, line 4-5]

*Supports Indiana veterans with $1M each year for suicide prevention and $2M each year for career and relocation assistance*

4 VETERAN SUICIDE PREVENTION

5 Total Operating Expense 1,000,000 1,000,000

**Recovery Works** [see page 42, lines 42-43]

*Continues Recovery Works at current levels*

42 MENTAL HEALTH AND ADDICTION FORENSIC TREATMENT SERVICES GRANT

43 Total Operating Expense 25,000,000 25,000,000

**Regional Treatment Centers** [see page 13, line 27-41]

*Appropriates $10M for regional mental health facility grants to support a regional approach to mental health services for incarcerated individuals*

27 REGIONAL MENTAL HEALTH FACILITY GRANTS

28 Total Operating Expense 10,000,000 0

29

30 The above appropriation shall be awarded to counties that commit to providing mental

31 health services for incarcerated individuals who have been determined by a court

32 of competent jurisdiction to be in need of mental health treatment. Grant awards

33 may only be used to construct new facilities or renovate existing county facilities.

34 Grant awards may not be used for the operational costs of a new or existing county

35 facility. In order to be eligible to receive a grant award, the county must submit

36 an application to the state budget agency and the division of mental health and

37 addiction that demonstrates that the county has agreed to provide mental health

38 services to a multi-county district and that the grant award will not exceed twenty-five

39 percent (25%) of the cost of constructing a new facility or renovating an existing

40 facility. The state budget agency and division of mental health and addiction may

1. ward grants after budget committee review.

**Juvenile Justice [**Page 186, line 24-47; 187-189]

*Appropriates $60M across the biennium for juvenile justice initiatives (HB 1361)*

24 SECTION 184. IC 31-40-5-0.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

25 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.1. As used in this chapter, "commission"

26 means the commission on improving the status of children in Indiana established by IC 2-5-36-3.

27 SECTION 185. IC 31-40-5-0.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

28 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.3. As used in this chapter, "fund" refers

29 to the juvenile diversion and community alternatives grant program fund established by section 6

30 of this chapter.

31 SECTION 186. IC 31-40-5-0.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

32 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.5. As used in this chapter, "office" means

33 the Indiana office of court services established by the supreme court.

34 SECTION 187. IC 31-40-5-0.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

35 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.7. As used in this chapter, "oversight

36 committee" means the statewide juvenile justice oversight body established under IC 2-5-36-9.3(a).

37 SECTION 188. IC 31-40-5-1.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

38 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1.2. As used in this chapter, "workgroup"

39 refers to the grant process workgroup created by the oversight committee.

40 SECTION 189. IC 31-40-5-3, AS ADDED BY P.L.101-2022, SECTION 31, IS AMENDED TO

41 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) The purpose of the juvenile diversion

42 grant program is as follows:

43 (1) Prevent further involvement of the child in the formal legal system.

44 (2) Provide eligible children with alternatives to adjudication that require the least amount of

45 supervision and conditions necessary consistent with the protection of the community and the child's

46 risk of reoffending, as determined by a risk screening tool.

47 (3) Emphasize the use of restorative justice practices

1 (4) Reduce recidivism and improve positive outcomes for a child through the provision of research

2 based services, if warranted, that address the child's needs.

3 (b) The purpose of the juvenile community alternatives grant program is as follows:

4 (1) Provide cost effective, research based alternatives in lieu of the use of secure detention,

5 out-of-home placement, and department of correction facilities in the community.

6 (2) Reduce the use of secure confinement and out-of-home placement.

7 (3) Reduce recidivism and improve positive outcomes for children.

8 (c) The Indiana criminal justice institute shall adopt a funding formula based on county

9 population and performance measures that apply to grantees under the program taking into

10 consideration the plan submitted to the commission by the oversight committee under

11 IC 2-5-36-9.3(b).

12 SECTION 190. IC 31-40-5-4, AS ADDED BY P.L.101-2022, SECTION 31, IS AMENDED TO

13 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The Indiana criminal justice institute (as

14 described in IC 5-2-6) may use available funds to strengthen the agency's grant management capacity to:

15 (1) serve as an efficient pass through to counties;

16 (2) provide quality assurance and technical assistance to counties; and

17 (3) support and coordinate data collection.

18 (b) The Indiana criminal justice institute shall prepare an annual report that details the performance

19 measures collected and reported under IC 2-5-36-9.3(b)(4), including an analysis of the performance

20 measures by race, ethnicity, gender, and other demographic factors. The report shall be provided to the

21 governor, the chief justice, and the legislative council, the oversight committee, and the Indiana

22 criminal justice institute before December 1 of each year. The report provided to the legislative council

23 must be in an electronic format under IC 5-14-6.

24 SECTION 191. IC 31-40-5-5, AS ADDED BY P.L.101-2022, SECTION 31, IS AMENDED TO

25 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) A county participating in any program

26 described in this chapter is required to have its local or regional justice reinvestment advisory council (as

27 described in IC 33-38-9.5-4), or another local collaborative body that includes stakeholders across the

28 juvenile justice system, oversee each grant awarded to the county and engage in collaborative service

29 planning for the county.

30 (b) The Indiana criminal justice institute shall coordinate with the workgroup and oversight

31 committee to develop a statewide solicitation process for applications for the grants from the fund

32 and shall conduct outreach activities to inform all potential applicants of the grant opportunities

33 available under this chapter.

34 (c) The Indiana criminal justice institute, in coordination with the workgroup, oversight

35 committee, commission, and office, shall conduct informational and educational sessions for

36 potential and actual applicants, including opportunities for questions and clarification.

37 (d) Subject to the Indiana criminal justice institute solicitation process developed under

38 subsection (b), the oversight committee, or a subgroup of the oversight committee, shall review

39 applications for grants under this chapter and make recommendations to the board of trustees of

40 the Indiana criminal justice institute regarding funding decisions. The review of applications should

41 be done in consultation with a representative from the department of child services, the department

1. f correction, the division of mental health and addiction, the Indiana criminal justice institute, and
2. the office.
3. ECTION 192. IC 31-40-5-5.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5.5. The Indiana criminal justice institute

46 shall administer grants for:

1. (1) the juvenile diversion grant program described in section 1(1) of this chapter; and

1 (2) the juvenile community alternatives grant program described in section 1(2) of this

2 chapter;

3 in consultation with the oversight committee and the workgroup, taking into consideration the

4 grant program report prepared and submitted to the commission by the oversight committee under

5 IC 2-5-36-9.3(b).

6 SECTION 193. IC 31-40-6-0.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

7 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.1. As used in this chapter, "commission"

8 means the commission on improving the status of children in Indiana established by IC 2-5-36-3.

9 SECTION 194. IC 31-40-6-0.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

10 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.3. As used in this chapter, "fund" refers

11 to the juvenile behavioral health competitive grant pilot program fund established by section 5 of

12 this chapter.

13 SECTION 195. IC 31-40-6-0.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

14 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.5. As used in this chapter, "office" means

15 the Indiana office of court services established by the supreme court.

16 SECTION 196. IC 31-40-6-0.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

17 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.7. As used in this chapter, "oversight

18 committee" means the statewide juvenile justice oversight body established under IC 2-5-36-9.3(a).

19 SECTION 197. IC 31-40-6-1.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

20 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1.2. As used in this chapter, "workgroup"

21 refers to the grant process workgroup created by the oversight committee.

22 SECTION 198. IC 31-40-6-3, AS ADDED BY P.L.101-2022, SECTION 32, IS AMENDED TO

23 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) The purpose of the juvenile behavioral

24 health competitive grant pilot program is to support jurisdictions, particularly in rural areas, to evaluate

25 a child's behavioral health needs and divert the child from formal court involvement and out-of-home

26 placement into community or school based mental health treatment.

27 (b) Grant recipients shall use a validated mental health screening tool, and a full mental health

28 assessment tool, if necessary, and may use the funds to conduct the following activities:

29 (1) Partnering with law enforcement to implement a program to divert a child from formal court

30 proceedings.

31 (2) Creating crisis stabilization services and a mobile crisis unit.

32 (3) Providing comprehensive case management for a child or family in crisis.

33 (4) Identifying and strengthening community based intensive treatment and management services.

34 (5) Establishing telehealth services (as defined in IC 25-1-9.5-6) and programs.

35 (6) Supporting mental health evaluations, which include the use of telehealth services (as defined

36 in IC 25-1-9.5-6).

37 (c) The Indiana criminal justice institute may consider those programs and activities identified

38 for possible funding in the plan submitted to the commission by the oversight committee under

39 IC 2-5-36-9.3(b), but may not rely exclusively on the plan in providing statewide funding under the

40 program.

41 (d) The Indiana criminal justice institute shall adopt performance measures that apply to

42 grantees under the program, taking into consideration the plan submitted to the commission by the

43 oversight committee under IC 2-5-36-9.3(b).

44 SECTION 199. IC 31-40-6-4, AS ADDED BY P.L.101-2022, SECTION 32, IS AMENDED TO

45 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The local or regional justice

46 reinvestment advisory council (as described in IC 33-38-9.5-4), or another local collaborative body that

1. includes stakeholders across the juvenile justice system, shall:
2. 1 (1) manage grant solicitation, with support for rural communities as a required funding priority; and
3. 2 (2) determine how funding and programming could be used more effectively.
4. 3 (b) The advisory council shall consider efficiency that may be achieved by implementing the
5. 4 program on a regional basis.
6. 5 (c) The Indiana criminal justice institute shall coordinate with the oversight committee,
7. 6 workgroup, and office to develop a statewide solicitation process for applications for the grants
8. 7 from the fund and shall conduct outreach activities to inform all potential applicants of the grant
9. 8 opportunities available under this chapter.
10. 9 (d) The Indiana criminal justice institute, in coordination with the commission, oversight
11. 10 committee, workgroup, and office, shall conduct informational and educational sessions for
12. 11 potential and actual applicants, including opportunities for questions and clarification.
13. 12 (e) Subject to the Indiana criminal justice institute solicitation process developed under
14. 13 subsection (c), the oversight committee, or a subgroup of the oversight committee, shall review
15. 14 applications for grants under this chapter and make recommendations to the board of trustees of
16. 15 the Indiana criminal justice institute regarding funding decisions. The review of applications should
17. 16 be done in consultation with a representative from the department of child services, the department
18. 17 of correction, the division of mental health and addiction, the Indiana criminal justice institute, the
19. 18 office, and experienced practitioners in the mental and behavioral health profession.
20. 19 SECTION 200. IC 31-40-6-4.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO
21. 20 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4.5. The Indiana criminal justice institute
22. 21 shall administer grants for the juvenile behavioral health competitive grant pilot program in
23. 22 consultation with the oversight committee and the workgroup, taking into consideration the grant
24. 23 program report prepared and submitted to the commission by the oversight committee under
25. 24 IC 2-5-36-9.3(b).

**Medicaid Rate Review** [see page 137, line 44-47, 138, line 1-10]

*OMPP review of Medicaid rates*

44 SECTION 100. IC 12-15-1-23 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO

45 READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 23. (a) Not later than November 1, 2023, the

46 office shall:

47 (1) develop a schedule for the periodic review of Medicaid reimbursement rates for each

1 provider; and

2 (2) provide the schedule developed under subdivision (1) to the budget committee.

3 The office may determine the frequency of review of each provider's Medicaid reimbursement rates

4 according to the schedule. However, each provider's Medicaid reimbursement rates must be

5 reviewed at least once every four (4) years.

6 (b) The review of the first set of provider Medicaid reimbursement rates to be reviewed

7 according to the schedule developed under subsection (a)(1) must be completed not later than

8 November 1, 2024.

9 (c) The office shall provide the findings of each review of each provider's Medicaid

10 reimbursement rates to the budget committee as reviews are completed according to the schedule.

**Commission on Improving the Status of Children** [see page 10, line 6-7]

*Funding for the administration of the Commission*

6 COMMISSION ON IMPROVING THE STATUS OF CHILDREN

7 Total Operating Expense 350,000 350,000

**Mental Health and Schools** *[Page 43, line 44, page 44 line 1-8]*

*Evidence based prevention programs for SUD and healthy behaviors*

44 CHILD PSYCHIATRIC SERVICES

45 Total Operating Expense 14,537,030 14,537,030

46

47 The above appropriations include $5,500,000 each year for the Family and Social

48 Services Administration to contract with regionally diverse social services providers

49 to implement an evidence-based program that partners with school corporations, charter

1 schools, and accredited nonpublic schools to provide social work services and evidence-based

2 prevention programs to children, parents, caregivers, teachers, and the community

3 to prevent substance abuse, promote healthy behaviors, and maximize student success.

4 In making contracts, the Family and Social Services Administration shall require

5 the contracted social services providers to secure matching funds that obligate

6 the state to no more than sixty-five percent (65%) of the total program cost and

7 require the contracted social services providers to have experience in providing

8 similar services including independent evaluation of those services.

**Graduate medical education residency programs** *[page 60, line 44-49, page 60, line 1]*

44 GRADUATE MEDICAL EDUCATION BOARD

45 MEDICAL RESIDENCY EDUCATION GRANTS

46 Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)

47 Total Operating Expense 7,000,000 7,000,000

49 The above appropriations for medical residency education grants are to be distributed

1 in accordance with IC 21-13-6.5.

**Building on SEA 2 (Special Session)**

*Housing supports for expectant mothers and vulnerable youth [see page 36, line 47-49; page 37 lines 1-3]*

47 HOMELESSNESS PREVENTION GRANTS

48 Total Operating Expense 5,000,000 0

1 The above appropriation shall be used to support programs that seek to prevent

2 homelessness among vulnerable populations, including but not limited to foster youth

3 and expectant mothers.

*Maternal & Child Health ($8.2M/year)* [see page 49, line 39-40]

39 MATERNAL & CHILD HEALTH INITIATIVES

40 Total Operating Expense 8,239,639 8,239,639

*Nurse Family Partnership ($15M/year)* [see page 51, line 33-35]

33 NURSE FAMILY PARTNERSHIP

34 Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)

35 Total Operating Expense 15,000,000 15,000,000

*Real Alternatives ($4M/year)[*Page 50, line 35-39]

35 REAL ALTERNATIVES, INC.

36 Total Operating Expense 4,000,000 4,000,000

*Safety Pin ($11M/year)* [see Page 50, lines 32-34]

32 SAFETY PIN PROGRAM

33 Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)

34 Total Operating Expense 11,020,091 11,020,938

Page 49, line

48 Of the above appropriations, $82,560 each fiscal year shall be distributed as grants

49 to community groups and organizations as provided in IC 16-46-7-8. The department

1 may consider grants to the Kidney Foundation not to exceed $50,000.

My Healthy Baby ($3.3M/year) [See page 50, line 3-5]

3 MY HEALTHY BABY

4 Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)

5 Total Operating Expense 3,300,000 3,300,000

7The department shall before November 1, 2023 and each year thereafter present a

8 report to the Interim Study Committee on Public Health, Behavioral Health, and Human

9 Services on the metrics used to evaluate the My Healthy Baby program. The report

10 must be in an electronic format under IC 5-14-6.

**DCS Provider Rate increases**

*Includes $38.5M across FY 24 and FY 25 for rate increases for home and community-based services* [see page 48, lines 14-23]

14 CHILD WELFARE SERVICES STATE GRANTS

15 Total Operating Expense 11,416,415 11,416,415

16 FAMILY AND CHILDREN FUND

17 Total Operating Expense 512,973,384 513,873,384

18 Augmentation allowed.

19

20 The above appropriations include $18,800,000 in FY 2024 and $19,700,000 in FY 2025

21 for home and community based rate increases per a DCS rate study initiated in 2022.

22 With the above appropriations, the department may operate a home-based early

23 intervention program pursuant to IC 31-33-8-16.

**Child Exemption**

*Increases the dependent child exemption to $3,000 for the first year a child is claimed as a dependent*