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Sen. Connie Lawson, Chairperson  
Sen. Vi Simpson  
Rep. Charlie Brown  
Rep. Cindy Noe  
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Chuck Clark  
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Ronda Ames  
Valerie N. Markley  
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Caroline Doebbling  
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Chris Taelman  
Jane Horn  
Abigail P. Flynn



# COMMISSION ON MENTAL HEALTH

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## MEETING MINUTES<sup>1</sup>

Meeting Date: August 14, 2007  
Meeting Time: 1:30 P.M.  
Meeting Place: State House, 200 W. Washington St., Senate Chamber  
Meeting City: Indianapolis, Indiana  
Meeting Number: 2

**Members Present:** Sen. Connie Lawson, Chairperson; Sen. Vi Simpson; Rep. Charlie Brown; Chuck Clark; Stacy Ryan; Ronda Ames; Valerie N. Markley; Bryan Lett; Kurt Carlson; Chris Taelman; Jane Horn; Kathleen O'Connell.

**Members Absent:** Rep. Cindy Noe; Loretta Kroin; Margie Payne; Caroline Doebbling; Abigail P. Flynn.

### I. Opening:

**Senator Connie Lawson, Chairperson**, called the meeting to order at 1:40 P.M. Senator Lawson indicated that the meeting would be devoted to answering questions

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<sup>1</sup> Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.in.gov/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

raised by Commission members at the July 21st meeting.

## **II. Drug Utilization Review Board Report:**

**Dr. Jeff Wells, Director, Office of Medicaid Policy and Planning**, discussed the work of the Indiana Medicaid Drug Utilization Review Board and the Mental Health Quality Advisory Committee (Exhibit 1). In answer to a question from Representative Charlie Brown, Dr. Wells stated that there are currently no plans to restrict the number of mental health drugs that are prescribed for an individual. Dr. Wells also indicated that he was not aware of discussions with the Department of Correction (DOC) concerning coordinating drug lists for Medicaid and the DOC. Dr. Wells will look into plans for holding discussions with the DOC concerning coordinating drug formularies in the future.

## **III. Drug Formulary of the DOC:**

**Dr. Elton Amos, Director of Medical Services**, attempted to clarify some misconceptions surrounding the DOC drug formulary (Exhibit 2). Dr. Amos outlined some of the changes the DOC made to improve delivery of mental health services. The changes include creation of a position of mental health director in the DOC and adding other staff persons in the mental health area. Dr. Amos reported that when the DOC knows the medications a new inmate is taking, the DOC tries to continue those medications. Problems, however, arise when they do not receive adequate information on what drugs an inmate was taking prior to arrival at a DOC facility. Dr. Amos said that if a doctor working for DOC who is treating an inmate requests a drug that is not included on the formulary, that request is reviewed by the mental health director and then by Dr. Amos. Requests for drugs not on the formulary are denied only about ten percent of the time.

In answer to questions from Senator Lawson, Dr. Amos reported that when adult males arrive at Plainfield for intake, they receive a physical screening within 12 hours. If the doctor perceives that the inmate has a mental health problem, the doctor requests that the inmate see a mental health professional within 48 hours. There has been some improvement in records received from local jails where inmates were incarcerated prior to arriving at the DOC, but that is an area that still needs improving with a large number of inmates arriving without records. Dr. Amos said that the message needs to be taken to local authorities to keep medical records on inmates and get the records to the DOC.

## **IV. Public Health Initiatives:**

### **A. Center for Mental Health, Anderson Pilot Project:**

**Ms. Trusa Grosso** discussed the initiatives between primary care providers and mental health providers in the Anderson area (Exhibit 3). The program in Anderson began with a planning grant. When seeking services from the Health Center, patients were asked to voluntarily fill out mental health screening forms. The study showed that approximately 40 per cent of adults seeking medical care also needed mental health services. Adult depression, panic, and anxiety were the greatest mental health issues. Identifying mental health needs while an individual is seeking primary health care allows individuals who would not otherwise seek mental health care to become aware of and receive mental health services. The screening process takes about 15 to 20 minutes. By combining services, both health and mental health needs of the patients can be more effectively met.

### **B. Porter-Starke Services, Inc. and Hilltop Community Health Center:**

**Mr. Bob Franko and Mr. Dave Lomaka of Porter- Starke and Ms. Beth Robble of Hilltop**, discussed the relationship between the mental health center and the primary care center. At the mental health center they were seeing individuals with health care needs, and at the health care center they were seeing individuals with mental health needs. The two centers decided it would be advisable to work together to provide services. They believe barriers to seeking mental health services are broken down by providing mental health services at the same time as primary care services. One of the major difficulties they have found is that there are barriers to sharing information between health care providers and mental health care providers.

**V. Other Business:**

Senator Lawson announced that the next meeting of the Commission is September 11 at 1:30 P.M. in the Senate Chamber. At that time the Commission will receive information on the case management contracts. The October 19 meeting will focus on crisis intervention training (CIT) and other forensic issues, and on funding issues.

The meeting was adjourned at 3:20 P.M.

**Note:** Questions were raised during the meeting concerning Medicaid eligibility for incarcerated individuals. Exhibit 4 contains information from the Centers for Medicare and Medicaid Services (CMS) on that issue.