



Reprinted
April 6, 2017

ENGROSSED HOUSE BILL No. 1006

DIGEST OF HB 1006 (Updated April 5, 2017 4:51 pm - DI 104)

Citations Affected: IC 12-7; IC 12-21; IC 12-23; IC 20-19; IC 20-34; IC 31-26; IC 31-34; noncode.

Synopsis: Mental health matters. Requires the secretary of family and social services to provide that residential care and supported housing for chronic addiction that receive reimbursement when used as a recovery residence to be certified and meet standards determined by the division through administrative rules. Adds, subject to the approval of the Indiana commission to combat drug abuse, an individual who is less than 18 years of age and is a defendant whose case is either waived from juvenile court to adult court or directly filed in adult court to the individuals who may be eligible for mental health and addiction forensic treatment services. Provides that a child welfare program may
(Continued next page)

Effective: July 1, 2017.

Kirchhofer, Ziemke, Steuerwald, Shackleford

(SENATE SPONSORS — MERRITT, CHARBONNEAU, BREAUX, MRVAN,
RANDOLPH LONNIE M)

January 10, 2017, read first time and referred to Committee on Public Health.
February 16, 2017, amended, reported — Do Pass.
February 20, 2017, read second time, ordered engrossed. Engrossed.
February 21, 2017, read third time, passed. Yeas 96, nays 0.

SENATE ACTION

February 23, 2017, read first time and referred to Committee on Health and Provider Services.
March 23, 2017, reported favorably — Do Pass; reassigned to Committee on Appropriations.
March 30, 2017, amended, reported favorably — Do Pass.
April 5, 2017, read second time, amended, ordered engrossed.

EH 1006—LS 6136/DI 104



Digest Continued

be established for the purpose of providing child welfare substance abuse treatment services for families and children who have an open child welfare or delinquency case with the juvenile court. Requires that information and training concerning child welfare substance abuse treatment services be provided to certain judges, department of child services employees, and public defenders. Includes neonatal abstinence syndrome as a factor for a child to be determined a child in need of services. Urges the legislative council to assign to the interim study committee on corrections and criminal code the topic of extending mental health and addiction forensic treatment services to individuals in the criminal justice system: (1) who: (A) are charged with a misdemeanor offense; or (B) have a prior misdemeanor conviction; and (2) who have been placed in or are eligible for placement in a pretrial services program, a community corrections program, a prosecuting attorney's diversion program, or jail. Requires the department of education (department), in collaboration with organizations that have expertise in school based substance abuse prevention, to develop: (1) materials to assist schools to develop a formal substance abuse prevention policy; and (2) a model school based substance abuse prevention pilot program (program) to be administered by the department. Sets forth requirements regarding the program. Establishes the school substance abuse prevention pilot program fund. Requires the department to annually submit a report concerning the program to the governor, legislative council, and the budget committee. Requires each school corporation and charter school to develop a formal school substance abuse prevention policy. (The introduced version of this bill was prepared by the interim study committee on public health, behavioral health, and human services).

EH 1006—LS 6136/DI 104



Reprinted
April 6, 2017

First Regular Session of the 120th General Assembly (2017)

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 2016 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1006

A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

1 SECTION 1. IC 12-7-2-158.2 IS ADDED TO THE INDIANA
2 CODE AS A NEW SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2017]: **Sec. 158.2. "Recovery residence"**
4 **means an abstinence based living environment for individuals that**
5 **promotes recovery from:**

6 (1) alcohol; and
7 (2) other drug abuse;
8 **and related issues. An abstinence based living environment, for**
9 **purposes of opioid addiction, may include individuals who are in**
10 **a treatment that includes medication assisted treatment with a goal**
11 **of opioid abstinence or the minimum clinically necessary**
12 **medication dose.**

13 SECTION 2. IC 12-21-2-3, AS AMENDED BY P.L.35-2016,
14 SECTION 56, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
15 JULY 1, 2017]: Sec. 3. The secretary or the secretary's designee shall
16 do the following:

17 (1) Organize the division, create the appropriate personnel

EH 1006—LS 6136/DI 104



- 1 positions, and employ personnel necessary to discharge the
2 statutory duties and powers of the division or a bureau of the
3 division.
- 4 (2) Subject to the approval of the state personnel department,
5 establish personnel qualifications for all deputy directors,
6 assistant directors, bureau heads, and superintendents.
- 7 (3) Subject to the approval of the budget director and the
8 governor, establish the compensation of all deputy directors,
9 assistant directors, bureau heads, and superintendents.
- 10 (4) Study the entire problem of mental health, mental illness, and
11 addictions existing in Indiana.
- 12 (5) Adopt rules under IC 4-22-2 for the following:
- 13 (A) Standards for the operation of private institutions that are
14 licensed under IC 12-25 for the diagnosis, treatment, and care
15 of individuals with psychiatric disorders, addictions, or other
16 abnormal mental conditions.
- 17 (B) Licensing or certifying community residential programs
18 described in IC 12-22-2-3.5 for individuals with serious
19 mental illness (SMI), serious emotional disturbance (SED), or
20 chronic addiction (CA) with the exception of psychiatric
21 residential treatment facilities.
- 22 (C) Certifying community mental health centers to operate in
23 Indiana.
- 24 (D) Establish exclusive geographic primary service areas for
25 community mental health centers. The rules must include the
26 following:
- 27 (i) Criteria and procedures to justify the change to the
28 boundaries of a community mental health center's primary
29 service area.
- 30 (ii) Criteria and procedures to justify the change of an
31 assignment of a community mental health center to a
32 primary service area.
- 33 (iii) A provision specifying that the criteria and procedures
34 determined in items (i) and (ii) must include an option for
35 the county and the community mental health center to
36 initiate a request for a change in primary service area or
37 provider assignment.
- 38 (iv) A provision specifying the criteria and procedures
39 determined in items (i) and (ii) may not limit an eligible
40 consumer's right to choose or access the services of any
41 provider who is certified by the division of mental health
42 and addiction to provide public supported mental health



- 1 services.
- 2 (6) Institute programs, in conjunction with an accredited college
- 3 or university and with the approval, if required by law, of the
- 4 commission for higher education, for the instruction of students
- 5 of mental health and other related occupations. The programs may
- 6 be designed to meet requirements for undergraduate and
- 7 postgraduate degrees and to provide continuing education and
- 8 research.
- 9 (7) Develop programs to educate the public in regard to the
- 10 prevention, diagnosis, treatment, and care of all abnormal mental
- 11 conditions.
- 12 (8) Make the facilities of the Larue D. Carter Memorial Hospital
- 13 available for the instruction of medical students, student nurses,
- 14 interns, and resident physicians under the supervision of the
- 15 faculty of the Indiana University School of Medicine for use by
- 16 the school in connection with research and instruction in
- 17 psychiatric disorders.
- 18 (9) Institute a stipend program designed to improve the quality
- 19 and quantity of staff that state institutions employ.
- 20 (10) Establish, supervise, and conduct community programs,
- 21 either directly or by contract, for the diagnosis, treatment, and
- 22 prevention of psychiatric disorders.
- 23 (11) Adopt rules under IC 4-22-2 concerning the records and data
- 24 to be kept concerning individuals admitted to state institutions,
- 25 community mental health centers, or other providers.
- 26 (12) Compile information and statistics concerning the ethnicity
- 27 and gender of a program or service recipient.
- 28 (13) Establish standards for services described in IC 12-7-2-40.6
- 29 for community mental health centers and other providers.
- 30 **(14) Provide that the standards for services provided by**
- 31 **recovery residences described in IC 12-7-2-158.2 for**
- 32 **residential care and supported housing for chronic addiction**
- 33 **when used as a recovery residence to:**
- 34 **(A) be certified through an entity approved by the division**
- 35 **to ensure adherence to standards determined by the**
- 36 **National Alliance for Recovery Residences (NARR) or a**
- 37 **similar entity; and**
- 38 **(B) meet other standards determined by the division under**
- 39 **rules adopted under IC 4-22-2.**
- 40 SECTION 3. IC 12-21-5-1.5, AS AMENDED BY P.L.143-2011,
- 41 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 42 JULY 1, 2017]: Sec. 1.5. **(a)** The division shall do the following:



- 1 (1) Adopt rules under IC 4-22-2 to establish and maintain criteria
2 to determine patient eligibility and priority for publicly supported
3 mental health and addiction services. The rules must include
4 criteria for patient eligibility and priority based on the following:
5 (A) A patient's income.
6 (B) A patient's level of daily functioning.
7 (C) A patient's prognosis.
8 (2) Within the limits of appropriated funds, contract with a
9 network of providers to provide services in an appropriate setting
10 that is the least restrictive to individuals who qualify for the
11 services.
12 (3) Require the providers of services funded directly by the
13 division to be in good standing with an appropriate accrediting
14 body as required by rules adopted under IC 4-22-2 by the
15 division.
16 (4) Develop a provider profile that must be used to evaluate the
17 performance of a provider. A provider's profile must include input
18 from consumers, citizens, and representatives of the mental health
19 ombudsman program (IC 12-27-9) regarding the provider's:
20 (A) information provided to the patient on patient rights before
21 treatment;
22 (B) accessibility, acceptability, and continuity of services
23 provided or requested; and
24 (C) total cost of care per individual, using state administered
25 funds.
26 (5) Ensure compliance with all other performance criteria set
27 forth in a provider contract. In addition to the requirements set
28 forth in IC 12-21-2-7, a provider contract must include the
29 following:
30 (A) A requirement that the standards and criteria used in the
31 evaluation of care plans be available and accessible to the
32 patient.
33 (B) A requirement that the provider involve the patient in the
34 choice of and preparation of the treatment plan to the greatest
35 extent feasible.
36 (C) A provision encouraging the provider to intervene in a
37 patient's situation as early as possible, balancing the patient's
38 right to liberty with the need for treatment.
39 (D) A requirement that the provider set up and implement an
40 internal appeal process for the patient.
41 (6) Establish a toll free telephone number that operates during
42 normal business hours for individuals to make comments to the



- 1 division in a confidential manner regarding services or service
 2 providers.
- 3 (7) Develop a confidential system to evaluate complaints and
 4 patient appeals received by the division of mental health and
 5 addiction and to take appropriate action regarding the results of
 6 an investigation. A provider is entitled to request and to have a
 7 hearing before information derived from the investigation is
 8 incorporated into the provider's profile. Information contained
 9 within the provider profile is subject to inspection and copying
 10 under IC 5-14-3-3.
- 11 **(8) Ensure that providers of services of residential care and**
 12 **supported housing for chronic addiction when used as a**
 13 **recovery residence, that receive reimbursement from the**
 14 **office, acquire and maintain the certification required in**
 15 **IC 12-21-2-3(14).**
- 16 **(b) The division may adopt rules under IC 4-22-2 to establish**
 17 **standards for residential care and supported housing for chronic**
 18 **addiction when used as a recovery residence.**
- 19 SECTION 4. IC 12-23-19-2, AS ADDED BY P.L.209-2015,
 20 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 21 JULY 1, 2017]: Sec. 2. (a) An individual is eligible for mental health
 22 and addiction forensic treatment services if:
- 23 (1) the individual:
- 24 (A) is a member of a household with an annual income that
 25 does not exceed two hundred percent (200%) of the federal
 26 income poverty level;
- 27 (B) is a resident of Indiana;
- 28 (C) is:
- 29 (i) at least eighteen (18) years of age; **or**
- 30 (ii) **subject to the approval of the Indiana commission to**
 31 **combat drug abuse, less than eighteen (18) years of age**
 32 **and the individual is a defendant whose case is either**
 33 **waived from juvenile court to adult court or directly**
 34 **filed in adult court; and**
- 35 (D) has entered the criminal justice system as a felon or with
 36 a prior felony conviction; and
- 37 (2) subject to subsection (b), reimbursement for the service is not
 38 available to the individual through any of the following:
- 39 (A) A policy of accident and sickness insurance (IC 27-8-5).
 40 (B) A health maintenance organization contract (IC 27-13).
 41 (C) The Medicaid program (IC 12-15), excluding the Medicaid
 42 rehabilitation program and the Behavioral and Primary Health



1 Coordination Program under Section 1915(i) of the Social
2 Security Act.

3 (D) The federal Medicare program or any other federal
4 assistance program.

5 (b) If an individual is not entitled to reimbursement from the sources
6 described in subsection (a)(2) of the full amount of the cost of the
7 mental health and addiction forensic treatment services, grants and
8 vouchers under this chapter may be used to provide those services to
9 the extent that the costs of those services exceed the reimbursement the
10 individual is entitled to receive from the sources described in
11 subsection (a)(2), excluding any copayment or deductible that the
12 individual is required to pay.

13 (c) The division shall determine the extent to which an individual
14 who is provided mental health and addiction forensic treatment
15 services under this chapter is entitled to receive reimbursement from
16 the sources described in subsection (a)(2).

17 SECTION 5. IC 12-23-19-7, AS ADDED BY P.L.209-2015,
18 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19 JULY 1, 2017]: Sec. 7. **(a)** The division shall survey individuals
20 receiving mental health and addiction forensic treatment services under
21 this chapter. The division shall survey and develop demographic
22 research on such an individual one (1) year after the individual begins
23 receiving the services. The survey must request information
24 concerning:

25 (1) the employment status of the individual since the individual
26 began receiving the services; and

27 (2) whether the individual has been arrested, convicted of a crime,
28 alleged to have violated probation, or placed in a community
29 corrections program as an alternative to commitment to the
30 department of correction since the individual began receiving the
31 services.

32 **(b) The division shall report to the justice reinvestment advisory**
33 **council established by IC 33-38-9.5-2 any findings from the survey**
34 **under subsection (a) concerning providing mental health and**
35 **addiction forensic treatment services to individuals charged with**
36 **a misdemeanor offense.**

37 SECTION 6. IC 20-19-3-10.5 IS ADDED TO THE INDIANA
38 CODE AS A NEW SECTION TO READ AS FOLLOWS
39 [EFFECTIVE JULY 1, 2017]: **Sec. 10.5. (a) The department, in**
40 **collaboration with organizations that have expertise in school**
41 **based substance abuse prevention, shall develop:**

42 **(1) materials to assist a school corporation or charter school**



1 to develop its formal substance abuse prevention policy under
2 IC 20-34-3-22; and

3 (2) in collaboration with community partners who have
4 expertise in substance abuse prevention using the strategic
5 prevention framework recommended by the federal
6 Substance Abuse and Mental Health Services Administration
7 or a similar process through Systems of Care, a model school
8 based substance abuse prevention policy.

9 Not later than January 1, 2018, the department shall make the
10 model developed or identified under this section available to assist
11 schools with the implementation of their formal substance abuse
12 prevention policy.

13 (b) The department's model policy developed under subsection
14 (a) must:

15 (1) assist schools with their development of a formal substance
16 abuse prevention policy and services under IC 20-34-3-22 for
17 the school to effectively work with community partners who
18 have expertise in prevention of substance abuse;

19 (2) address:

20 (A) universal programs for all students;

21 (B) selective strategies for groups with shared risk factors;
22 and

23 (C) services available for students needing one-on-one
24 support; and

25 (3) provide, in consultation with the commission on improving
26 the status of children in Indiana established by IC 2-5-36-3,
27 evidence based practices and a list of evidence based
28 programs available to school corporations and charter
29 schools.

30 SECTION 7. IC 20-34-3-22 IS ADDED TO THE INDIANA CODE
31 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
32 1, 2017]: Sec. 22. Not later than July 1, 2018, each school
33 corporation and charter school, in collaboration with community
34 partners who have expertise in substance abuse prevention using
35 the strategic prevention framework recommended by the
36 Substance Abuse and Mental Health Services Administration or a
37 similar process through Systems of Care, shall develop a formal
38 school substance abuse prevention policy. The policy must:

39 (1) address:

40 (A) universal programs available for all students;

41 (B) selective strategies for groups with shared risk factors;
42 and



- 1 (C) services available for students needing one-on-one
2 support;
- 3 (2) provide guidance for the school corporation or charter
4 school to effectively work with community partners who have
5 expertise in the prevention of substance abuse; and
- 6 (3) provide guidance for school personnel to recommend
7 students for evidence based practices and a list of evidence
8 based programs that are available to the school corporation
9 or charter school.
- 10 SECTION 8. IC 20-34-9 IS ADDED TO THE INDIANA CODE AS
11 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
12 1, 2017]:
- 13 **Chapter 9. School Substance Abuse Prevention Pilot Program**
- 14 **Sec. 1. As used in this chapter, "fund" refers to the school**
15 **substance abuse prevention pilot program fund established by**
16 **section 2 of this chapter.**
- 17 **Sec. 2. (a) The school substance abuse prevention pilot program**
18 **fund is established for the purposes described in section 3 of this**
19 **chapter.**
- 20 **(b) The fund consists of the following:**
- 21 **(1) Appropriations made by the general assembly.**
- 22 **(2) Gifts, grants, devises, or bequests made to the department**
23 **for the purposes of the fund.**
- 24 **(c) The department shall administer the fund.**
- 25 **(d) The expenses of administering the fund shall be paid from**
26 **money in the fund.**
- 27 **(e) The treasurer of state shall invest the money in the fund not**
28 **currently needed to meet the obligations of the fund in the same**
29 **manner as other public funds may be invested. Interest that**
30 **accrues from these investments shall be deposited in the fund.**
- 31 **(f) Money in the fund at the end of a state fiscal year does not**
32 **revert to the state general fund.**
- 33 **Sec. 3. (a) The school substance abuse prevention pilot program**
34 **is established to provide assistance to a school corporation or**
35 **charter school regarding the treatment and prevention of student**
36 **substance abuse. The program shall be administered by the**
37 **department.**
- 38 **(b) The department must use money in the fund to do the**
39 **following:**
- 40 **(1) Provide grants to schools to use for evidence based**
41 **substance abuse prevention programming.**
- 42 **(2) Provide grants to schools to embed mental health**



1 personnel in schools to focus exclusively on prevention, early
 2 problem identification, intervention, and referral to substance
 3 abuse programs or services.

4 (3) Hire a research partner to conduct a cross agency cost
 5 benefit analysis of Indiana's current school based prevention
 6 program expenditures to provide information for future
 7 funding decisions for school based prevention.

8 (c) A copy of any cross agency cost benefit analysis prepared
 9 under subsection (b)(3) must be submitted to the governor and the
 10 budget committee.

11 (d) A school corporation or charter school may apply for a
 12 grant described in subsection (b) to implement a program under
 13 this chapter in the manner prescribed by the department.

14 (e) The department may award grants under this chapter to a
 15 school corporation or charter school that submits an application
 16 under subsection (d) to implement a program under this chapter.
 17 To the extent possible, grants must be awarded equally among
 18 rural, suburban, and urban school corporations or schools as
 19 determined by the department. The department must advise a
 20 school corporation or charter school that receives a grant under
 21 this chapter of methods to measure the success of the program
 22 based upon the services provided to students.

23 (f) Each school corporation or charter school that receives a
 24 grant under this chapter must report to the department in a
 25 manner prescribed by the department:

26 (1) the percentage of applicable parent satisfaction with the
 27 overall services or programming of a program implemented
 28 under this chapter;

29 (2) parental satisfaction with the applicable student's
 30 relationship with a service provider under a program
 31 implemented under this chapter;

32 (3) parental satisfaction with the availability of a service
 33 provider that provides services under a program implemented
 34 under this chapter;

35 (4) the percentage of applicable parents who believe their
 36 child's school performance has improved after receiving
 37 services provided as part of a program implemented under
 38 this chapter; and

39 (5) any information the department determines is necessary
 40 to evaluate the success of services provided in a program
 41 implemented under this chapter.

42 (g) Not later than November 1, 2018, and each November 1



1 thereafter, the department shall submit a report to the governor,
2 the budget committee, and, in an electronic format under
3 IC 5-14-6, the legislative council that:

- 4 (1) summarizes the information provided in subsection (f);
- 5 (2) provides a detailed summary of progress of
6 implementation of programs established under this chapter;
7 and
- 8 (3) contains any recommendations for improving programs or
9 services provided under this chapter.

10 **Sec. 4. This chapter expires July 1, 2021.**

11 SECTION 9. IC 31-26-3.5-1.5 IS ADDED TO THE INDIANA
12 CODE AS A NEW SECTION TO READ AS FOLLOWS
13 [EFFECTIVE JULY 1, 2017]: **Sec. 1.5. As used in this chapter,**
14 **"child welfare substance abuse treatment services" includes the**
15 **following:**

- 16 (1) **Addiction counseling.**
- 17 (2) **Inpatient detoxification.**
- 18 (3) **Medication assisted treatment, including a federal Food**
19 **and Drug Administration approved long acting, nonaddictive**
20 **medication for the treatment of opioid or alcohol dependence.**

21 SECTION 10. IC 31-26-3.5-2, AS ADDED BY P.L.146-2008,
22 SECTION 570, IS AMENDED TO READ AS FOLLOWS
23 [EFFECTIVE JULY 1, 2017]: **Sec. 2.** A child welfare program may be
24 established and funded by the department for any of the following
25 purposes:

- 26 (1) Protecting and promoting the welfare of children in a
27 community who are, or are likely to be, at risk of becoming
28 homeless, neglected, or abused due to lack of adequate or
29 appropriate parental support or supervision, in order to reduce the
30 likelihood that the children will become wards of a juvenile court
31 or the department.
- 32 (2) Preventing, remedying, or assisting in the solution of problems
33 that may result in the neglect, abuse, exploitation, or delinquency
34 of children.
- 35 (3) Preventing unnecessary separation of children from their
36 families by identifying family problems, assisting in the resolution
37 of family problems, and preventing the breakup of families
38 whenever prevention of child removal is possible and desirable.
- 39 (4) Providing services targeted to the assistance of children who
40 are developmentally or physically disabled and their families, for
41 the purposes of prevention of potential abuse, neglect, or
42 abandonment of those children, and enabling the children to



1 receive adequate family support and preparation to become
2 self-supporting to the extent feasible.

3 (5) Providing family preservation services or family support
4 services (both as defined in 42 U.S.C. 629a) for families and
5 children who are not currently receiving individually designed
6 services provided or funded by the department through an open
7 juvenile court child in need of services or delinquency case.

8 **(6) Providing child welfare substance abuse treatment**
9 **services for families and children who have an open child**
10 **welfare or delinquency case with the juvenile court.**

11 SECTION 11. IC 31-26-3.5-2.5 IS ADDED TO THE INDIANA
12 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
13 [EFFECTIVE JULY 1, 2017]: **Sec. 2.5. Information and training**
14 **concerning child welfare substance abuse treatment services must**
15 **be provided as follows:**

16 (1) **The Indiana judicial center shall provide the information**
17 **and training to juvenile court, circuit court, and superior**
18 **court judges.**

19 (2) **The department shall provide the information and training**
20 **to the employees of the department.**

21 (3) **The public defender council of Indiana shall provide the**
22 **information and training to public defenders.**

23 SECTION 12. IC 31-34-1-10 IS AMENDED TO READ AS
24 FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 10. Except as provided
25 in sections 12 and 13 of this chapter, a child is a child in need of
26 services if:

27 (1) the child is born with:
28 (A) fetal alcohol syndrome;

29 **(B) neonatal abstinence syndrome; or**

30 ~~(B)~~ **(C) any amount, including a trace amount, of a controlled**
31 **substance, or a legend drug, or a metabolite of a controlled**
32 **substance or legend drug, in the child's body, blood, urine,**
33 **or meconium; and**

34 (2) the child needs care, treatment, or rehabilitation that:

35 (A) the child is not receiving; or

36 (B) is unlikely to be provided or accepted without the coercive
37 intervention of the court.

38 SECTION 13. IC 31-34-1-11, AS AMENDED BY P.L.2-2005,
39 SECTION 81, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
40 JULY 1, 2017]: Sec. 11. Except as provided in sections 12 and 13 of
41 this chapter, a child is a child in need of services if:

42 (1) the child:



- 1 (A) has an injury;
 2 (B) has abnormal physical or psychological development;
 3 **(C) has symptoms of neonatal intoxication or withdrawal;**
 4 or
 5 ~~(D)~~ **(D)** is at a substantial risk of a life threatening condition;
 6 that arises or is substantially aggravated because the child's
 7 mother used alcohol, a controlled substance, or a legend drug
 8 during pregnancy; and
 9 (2) the child needs care, treatment, or rehabilitation that:
 10 (A) the child is not receiving; or
 11 (B) is unlikely to be provided or accepted without the coercive
 12 intervention of the court.
- 13 SECTION 14. [EFFECTIVE JULY 1, 2017] **(a) As used in this**
 14 **SECTION, "committee" refers to the interim study committee on**
 15 **corrections and criminal code established by IC 2-5-1.3-4(3).**
 16 **(b) As used in this SECTION, "interim" has the meaning set**
 17 **forth in IC 2-5-1.3-1.**
 18 **(c) As used in this SECTION, "legislative council" refers to the**
 19 **legislative council created by IC 2-5-1.1-1.**
 20 **(d) The legislative council is urged to assign to the committee for**
 21 **study during the 2017 interim the topic of extending support**
 22 **services provided under IC 12-23-19 to individuals in the criminal**
 23 **justice system:**
 24 **(1) who:**
 25 **(A) are charged with a misdemeanor offense; or**
 26 **(B) have a prior misdemeanor conviction; and**
 27 **(2) who have been placed in or are eligible for placement in a**
 28 **pretrial services program, a community corrections program,**
 29 **a prosecuting attorney's diversion program, or jail.**
 30 **(e) If the topic set forth in subsection (d) is assigned to the**
 31 **committee, the committee shall issue a final report to the legislative**
 32 **council containing the committee's findings and recommendations**
 33 **in an electronic format under IC 5-14-6 not later than November**
 34 **1, 2017.**
 35 **(f) This SECTION expires December 31, 2017.**



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1006, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 8, after "issues." insert "**An abstinence based living environment, for purposes of opioid addiction, may include individuals who are in a treatment that includes medication assisted treatment with a goal of opioid abstinence or the minimum clinically necessary medication dose.**".

Page 3, line 26, delete "Require" and insert "**Provide that the standards for services provided by recovery residences described in IC 12-7-2-158.2 for**".

Page 5, line 5, after "that" insert "**providers of services of**".

Page 5, line 6, delete "residence acquires" and insert "**residence, that receives reimbursement from the office, acquire**".

Page 5, line 7, delete "maintains" and insert "**maintain**".

Page 5, delete lines 11 through 41, begin a new paragraph and insert:

"SECTION 4. IC 12-23-19-1.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: **Sec. 1.5. Beginning January 1, 2018, and ending June 30, 2019, the division may operate a pilot program under which mental health and addiction forensic treatment services are provided, upon the recommendation of the justice reinvestment advisory council established by IC 33-38-9.5-2, to individuals who are charged with a misdemeanor offense. A pilot program may be operated under this section only if sufficient funds are available. If a pilot program is operated under this section:**

- (1) the division may apply the conditions set forth in section 2(a) of this chapter, except for section 2(a)(1)(D) of this chapter, to determine an individual's eligibility to participate in the pilot program; and**
- (2) the division shall report its findings concerning the pilot program to the justice reinvestment advisory council after the pilot program ends.**

SECTION 5. IC 12-23-19-2, AS ADDED BY P.L.209-2015, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 2. (a) An individual is eligible for mental health and addiction forensic treatment services if:

- (1) the individual:
 - (A) is a member of a household with an annual income that



does not exceed two hundred percent (200%) of the federal income poverty level;

(B) is a resident of Indiana;

(C) is:

(i) at least eighteen (18) years of age; or

(ii) less than eighteen (18) years of age and the individual is a defendant whose case is either waived from juvenile court to adult court or directly filed in adult court; and

(D) has entered the criminal justice system as a felon or with a prior felony conviction; and

(2) subject to subsection (b), reimbursement for the service is not available to the individual through any of the following:

(A) A policy of accident and sickness insurance (IC 27-8-5).

(B) A health maintenance organization contract (IC 27-13).

(C) The Medicaid program (IC 12-15), excluding the Medicaid rehabilitation program and the Behavioral and Primary Health Coordination Program under Section 1915(i) of the Social Security Act.

(D) The federal Medicare program or any other federal assistance program.

(b) If an individual is not entitled to reimbursement from the sources described in subsection (a)(2) of the full amount of the cost of the mental health and addiction forensic treatment services, grants and vouchers under this chapter may be used to provide those services to the extent that the costs of those services exceed the reimbursement the individual is entitled to receive from the sources described in subsection (a)(2), excluding any copayment or deductible that the individual is required to pay.

(c) The division shall determine the extent to which an individual who is provided mental health and addiction forensic treatment services under this chapter is entitled to receive reimbursement from the sources described in subsection (a)(2)."

Page 6, between lines 19 and 20, begin a new paragraph and insert:

"SECTION 7. IC 31-26-3.5-1.5 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2017]: **Sec. 1.5. As used in this chapter, "child welfare substance abuse treatment services" includes the following:**

(1) Addiction counseling.

(2) Inpatient detoxification.

(3) Medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive



medication for the treatment of opioid or alcohol dependence.

SECTION 8. IC 31-26-3.5-2, AS ADDED BY P.L.146-2008, SECTION 570, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 2. A child welfare program may be established and funded by the department for any of the following purposes:

(1) Protecting and promoting the welfare of children in a community who are, or are likely to be, at risk of becoming homeless, neglected, or abused due to lack of adequate or appropriate parental support or supervision, in order to reduce the likelihood that the children will become wards of a juvenile court or the department.

(2) Preventing, remedying, or assisting in the solution of problems that may result in the neglect, abuse, exploitation, or delinquency of children.

(3) Preventing unnecessary separation of children from their families by identifying family problems, assisting in the resolution of family problems, and preventing the breakup of families whenever prevention of child removal is possible and desirable.

(4) Providing services targeted to the assistance of children who are developmentally or physically disabled and their families, for the purposes of prevention of potential abuse, neglect, or abandonment of those children, and enabling the children to receive adequate family support and preparation to become self-supporting to the extent feasible.

(5) Providing family preservation services or family support services (both as defined in 42 U.S.C. 629a) for families and children who are not currently receiving individually designed services provided or funded by the department through an open juvenile court child in need of services or delinquency case.

(6) Providing child welfare substance abuse treatment services for families and children who have an open child welfare or delinquency case with the juvenile court.

SECTION 9. IC 31-26-3.5-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: **Sec. 2.5. Information and training concerning child welfare substance abuse treatment services must be provided as follows:**

(1) The Indiana judicial center shall provide the information and training to juvenile court, circuit court, and superior court judges.

(2) The department shall provide the information and training



to the employees of the department.

(3) The public defender council of Indiana shall provide the information and training to public defenders."

Page 7, line 6, delete "detoxification,".

Page 7, delete lines 11 through 42, begin a new paragraph and insert:

"SECTION 12. [EFFECTIVE JULY 1, 2017] **(a) As used in this SECTION, "committee" refers to the interim study committee on corrections and criminal code established by IC 2-5-1.3-4(3).**

(b) As used in this SECTION, "interim" has the meaning set forth in IC 2-5-1.3-1.

(c) As used in this SECTION, "legislative council" refers to the legislative council created by IC 2-5-1.1-1.

(d) The legislative council is urged to assign to the committee for study during the 2017 interim the topic of extending support services provided under IC 12-23-19 to individuals in the criminal justice system:

(1) who:

(A) are charged with a misdemeanor offense; or

(B) have a prior misdemeanor conviction; and

(2) who have been placed in or are eligible for placement in a pretrial services program, a community corrections program, a prosecuting attorney's diversion program, or jail.

(e) If the topic set forth in subsection (d) is assigned to the committee, the committee shall issue a final report to the legislative council containing the committee's findings and recommendations in an electronic format under IC 5-14-6 not later than November 1, 2017.

(f) This SECTION expires December 31, 2017."

Delete page 8.

Re-number all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1006 as introduced.)

KIRCHHOFER

Committee Vote: yeas 11, nays 0.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1006, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS and be reassigned to the Senate Committee on Appropriations.

(Reference is to HB1006 as printed February 17, 2017.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0

COMMITTEE REPORT

Madam President: The Senate Committee on Appropriations, to which was referred House Bill No. 1006, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 3, line 30, delete "Provide" and insert "**Subject to the approval of the Indiana commission to combat drug abuse, provide**".

Page 3, line 39, after "rules" insert and "**approved by the Indiana commission to combat drug abuse and**".

Page 5, line 11, after "that" insert "**, subject to the approval of the Indiana commission to combat drug abuse,**".

Page 5, delete lines 19 through 35.

Re-number all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to EHB 1006 as printed March 24, 2017.)

KENLEY, Chairperson

Committee Vote: Yeas 11, Nays 0.



SENATE MOTION

Madam President: I move that Engrossed House Bill 1006 be amended to read as follows:

Page 3, line 30, delete "Subject to the approval of the Indiana commission to" and insert "**Provide**".

Page 3, line 31, delete "combat drug abuse, provide".

Page 3, line 40, delete "approved by the Indiana commission to combat drug".

Page 3, line 41, delete "abuse and".

Page 5, line 13, delete ", subject to the approval of the Indiana".

Page 5, line 14, delete "commission to combat drug abuse,".

Page 5, line 16, delete "receives" and insert "**receive**".

Page 5, line 33, after "(ii)" insert "**subject to the approval of the Indiana commission to combat drug abuse,**".

(Reference is to EHB 1006 as printed March 31, 2017.)

MERRITT

 SENATE MOTION

Madam President: I move that Engrossed House Bill 1006 be amended to read as follows:

Page 6, between lines 37 and 38, begin a new paragraph and insert:

"SECTION 6. IC 20-19-3-10.5 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2017]: **Sec. 10.5. (a) The department, in collaboration with organizations that have expertise in school based substance abuse prevention, shall develop:**

(1) materials to assist a school corporation or charter school to develop its formal substance abuse prevention policy under IC 20-34-3-22; and

(2) in collaboration with community partners who have expertise in substance abuse prevention using the strategic prevention framework recommended by the federal Substance Abuse and Mental Health Services Administration or a similar process through Systems of Care, a model school based substance abuse prevention policy.

Not later than January 1, 2018, the department shall make the model developed or identified under this section available to assist schools with the implementation of their formal substance abuse



prevention policy.

(b) The department's model policy developed under subsection

(a) must:

(1) assist schools with their development of a formal substance abuse prevention policy and services under IC 20-34-3-22 for the school to effectively work with community partners who have expertise in prevention of substance abuse;

(2) address:

(A) universal programs for all students;

(B) selective strategies for groups with shared risk factors;
and

(C) services available for students needing one-on-one support; and

(3) provide, in consultation with the commission on improving the status of children in Indiana established by IC 2-5-36-3, evidence based practices and a list of evidence based programs available to school corporations and charter schools.

SECTION 7. IC 20-34-3-22 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: **Sec. 22. Not later than July 1, 2018, each school corporation and charter school, in collaboration with community partners who have expertise in substance abuse prevention using the strategic prevention framework recommended by the Substance Abuse and Mental Health Services Administration or a similar process through Systems of Care, shall develop a formal school substance abuse prevention policy. The policy must:**

(1) address:

(A) universal programs available for all students;

(B) selective strategies for groups with shared risk factors;
and

(C) services available for students needing one-on-one support;

(2) provide guidance for the school corporation or charter school to effectively work with community partners who have expertise in the prevention of substance abuse; and

(3) provide guidance for school personnel to recommend students for evidence based practices and a list of evidence based programs that are available to the school corporation or charter school.

SECTION 8. IC 20-34-9 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY



1, 2017]:

Chapter 9. School Substance Abuse Prevention Pilot Program

Sec. 1. As used in this chapter, "fund" refers to the school substance abuse prevention pilot program fund established by section 2 of this chapter.

Sec. 2. (a) The school substance abuse prevention pilot program fund is established for the purposes described in section 3 of this chapter.

(b) The fund consists of the following:

(1) Appropriations made by the general assembly.

(2) Gifts, grants, devises, or bequests made to the department for the purposes of the fund.

(c) The department shall administer the fund.

(d) The expenses of administering the fund shall be paid from money in the fund.

(e) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public funds may be invested. Interest that accrues from these investments shall be deposited in the fund.

(f) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

Sec. 3. (a) The school substance abuse prevention pilot program is established to provide assistance to a school corporation or charter school regarding the treatment and prevention of student substance abuse. The program shall be administered by the department.

(b) The department must use money in the fund to do the following:

(1) Provide grants to schools to use for evidence based substance abuse prevention programming.

(2) Provide grants to schools to embed mental health personnel in schools to focus exclusively on prevention, early problem identification, intervention, and referral to substance abuse programs or services.

(3) Hire a research partner to conduct a cross agency cost benefit analysis of Indiana's current school based prevention program expenditures to provide information for future funding decisions for school based prevention.

(c) A copy of any cross agency cost benefit analysis prepared under subsection (b)(3) must be submitted to the governor and the budget committee.

(d) A school corporation or charter school may apply for a



grant described in subsection (b) to implement a program under this chapter in the manner prescribed by the department.

(e) The department may award grants under this chapter to a school corporation or charter school that submits an application under subsection (d) to implement a program under this chapter. To the extent possible, grants must be awarded equally among rural, suburban, and urban school corporations or schools as determined by the department. The department must advise a school corporation or charter school that receives a grant under this chapter of methods to measure the success of the program based upon the services provided to students.

(f) Each school corporation or charter school that receives a grant under this chapter must report to the department in a manner prescribed by the department:

- (1) the percentage of applicable parent satisfaction with the overall services or programming of a program implemented under this chapter;
- (2) parental satisfaction with the applicable student's relationship with a service provider under a program implemented under this chapter;
- (3) parental satisfaction with the availability of a service provider that provides services under a program implemented under this chapter;
- (4) the percentage of applicable parents who believe their child's school performance has improved after receiving services provided as part of a program implemented under this chapter; and
- (5) any information the department determines is necessary to evaluate the success of services provided in a program implemented under this chapter.

(g) Not later than November 1, 2018, and each November 1 thereafter, the department shall submit a report to the governor, the budget committee, and, in an electronic format under IC 5-14-6, the legislative council that:

- (1) summarizes the information provided in subsection (f);
- (2) provides a detailed summary of progress of implementation of programs established under this chapter;





and

(3) contains any recommendations for improving programs or services provided under this chapter.

Sec. 4. This chapter expires July 1, 2021."

Renumber all SECTIONS consecutively.

(Reference is to EHB 1006 as printed March 31, 2017.)

HEAD

