### **HOUSE BILL No. 1269**

#### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 10-21-1-2; IC 11-10; IC 11-12; IC 12-15; IC 12-21-5; IC 12-29-5; IC 16-31-2-7; IC 20-28; IC 20-34-3-21; IC 35-33-1-7.

**Synopsis:** Mental health matters. Makes the department of correction (ĎOC) an inmate's authorized representative for applying for Medicaid for inmates who are potentially eligible for Medicaid and who incur medical care expenses that are not otherwise reimbursable. Makes the sheriff who is responsible for a county jail an offender's authorized representative for applying for Medicaid for offenders held in county jails who are eligible for Medicaid and who incur medical care expenses that are not otherwise reimbursable. Provides that the DOC shall assist a committed offender in applying for Medicaid and securing treatment upon discharge from the DOC. Provides that a sheriff shall assist an offender in applying for Medicaid and securing treatment upon discharge from a county jail. Provides that a community mental health center may be used in assisting with DOC inmates and county jail offenders applying for Medicaid. Requires that after a person is arrested and taken into custody, a mental health or addiction professional shall assess the person and report the recommended treatment plan to the person and to the law enforcement agency that arrested the person if the person is determined to have a mental health issue or substance abuse addiction. Requires the office of Medicaid policy and planning to apply, before January 1, 2016, to the United States Department of Health and Human Services for the following Medicaid plan amendments or demonstration waivers: (1) Presumptive eligibility for community mental health centers to treat individuals seeking treatment for health services at the community mental health center. (2) Provision of behavioral health homes within the Medicaid program. Allows a community mental health center to use the center's (Continued next page)

Effective: July 1, 2015.

# Clere, Steuerwald, Brown C, Pierce

January 13, 2015, read first time and referred to Committee on Public Health.



### Digest Continued

provider identification number to file any Medicaid claim, including primary care health service, if certain conditions are met. Prohibits the office from limiting the filing by a community mental health center of primary care health services and mental health services for a recipient if the services are covered services and necessary to ensure coordinated care for the recipient. Requires the division of mental health and addiction before June 30, 2016, to develop a mental health first aid training program. Includes a mental health first aid training program in the: (1) continuing education programs promoted by the emergency medical services commission; (2) basic or inservice course of education and training for teaching professionals; and (3) requirements for an initial teaching license. Authorizes the division of mental health and addiction to award matching grants to a school corporation necessary for a school counselor to obtain a mental health counselor license. Provides that the funding for the grants shall be provided by the Indiana secured school fund. Requires, before July 1, 2016, a school corporation to enter into a memorandum of understanding with a mental health care provider or a community mental health center to establish conditions or terms for referring students of the school corporation for services. Annually appropriates \$22,000,000 to the forensic diversion program account, and provides that the account is established to administer and fund mental health and substance abuse assessments of individuals arrested and taken into custody.



First Regular Session of the 119th General Assembly (2015)

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 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

## **HOUSE BILL No. 1269**

A BILL FOR AN ACT to amend the Indiana Code concerning mental health and to make an appropriation.

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

1	SECTION 1. IC 10-21-1-2, AS ADDED BY P.L.172-2013,
2	SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2015]: Sec. 2. (a) The Indiana secured school fund is
4	established to provide matching grants under subsection (b) and
5	matching grants to enable school corporations and charter schools to
6	establish programs under which a school corporation or charter school
7	(or a coalition of schools) may:
8	(1) employ a school resource officer or enter into a contract or a
9	memorandum of understanding with a:
10	(A) local law enforcement agency;
11	(B) private entity; or
12	(C) nonprofit corporation;
13	to employ a school resource officer;
14	(2) conduct a threat assessment of the buildings within a school



1	corporation or operated by a charter school; or
2	(3) purchase equipment and technology to:
3	(A) restrict access to school property; or
4	(B) expedite notification of first responders.
5	(b) The department of homeland security shall authorize the
6	division of mental health and addiction established by IC 12-21-1-1
7	to receive an amount from the fund not to exceed six hundred
8	thousand dollars (\$600,000) each state fiscal year to make
9	matching grants under IC 12-29-5-1. A matching grant funded
0	under this subsection shall be used to obtain training necessary for
1	school counselors to receive a mental health counselor license
2	under IC 25-23.6-8.5.
3	(b) (c) The fund shall be administered by the department of
4	homeland security.
5	(c) (d) The fund consists of:
6	(1) appropriations from the general assembly;
7	(2) grants from the Indiana safe schools fund established by
8	IC 5-2-10.1-2;
9	(3) federal grants; and
20	(4) amounts deposited from any other public or private source.
21	(d) (e) The expenses of administering the fund shall be paid from
22	money in the fund.
23	(e) (f) The treasurer of state shall invest the money in the fund not
.3 .4	currently needed to meet the obligations of the fund in the same
25	manner as other public money may be invested. Interest that accrues
25 26	from these investments shall be deposited in the fund.
27	(f) (g) Money in the fund at the end of a state fiscal year does not
28	revert to the state general fund.
.9	SECTION 2. IC 11-10-3-7, AS ADDED BY P.L.205-2013,
0	SECTION 170, IS AMENDED TO READ AS FOLLOWS
1	[EFFECTIVE JULY 1, 2015]: Sec. 7. (a) If the department or a county
2	incurs medical care expenses in providing medical care to an inmate
3	who is committed to the department and the medical care expenses are
4	not reimbursed, the department or the county shall attempt to determine
5	the amount, if any, of the medical care expenses that may be paid:
6	(1) by a policy of insurance that is maintained by the inmate and
7	that covers medical care, dental care, eye care, or any other health
8	care related service; or
9	(2) by Medicaid.
0	(b) For an inmate who:
-1	(1) is committed to the department;
-2	(2) incurs medical care expenses that are not otherwise



1	reimbursable; and
2	(3) is potentially eligible for Medicaid (IC 12-15);
3	the department is the inmate's Medicaid authorized representative
4	and shall apply for Medicaid on behalf of the inmate.
5	(c) For an offender who:
6	(1) is committed to a county jail;
7	(2) incurs medical care expenses that are not otherwise
8	reimbursable; and
9	(3) is potentially eligible for Medicaid (IC 12-15);
0	the sheriff responsible for the operation of the jail that the offender
1	is committed to is the offender's Medicaid authorized
2	representative and shall apply for Medicaid on behalf of the
3	offender.
4	(d) For an inmate who:
5	(1) is committed to the department;
6	(2) is housed in a county jail;
7	(3) incurs medical care expenses that are not otherwise
8	reimbursable; and
9	(4) is potentially eligible for Medicaid (IC 12-15);
20	the  department  is  the  in mate's  Medicaid  authorized  representative
21	and shall apply for Medicaid on behalf of the inmate.
.2	SECTION 3. IC 11-10-12-5.3 IS ADDED TO THE INDIANA
23	CODE AS A <b>NEW</b> SECTION TO READ AS FOLLOWS
.4	[EFFECTIVE JULY 1, 2015]: Sec. 5.3. (a) The department shall
2.5	assist a committed offender in applying for Medicaid, as the
26	authorized representative as described in IC 11-10-3-7, so that the
27	committed offender might be eligible for assistance when the
28	offender is subsequently:
.9	(1) released on parole;
0	(2) assigned to a community transition program; or
1	(3) discharged from the department.
2	(b) The department shall provide the assistance described in
3	subsection (a) in sufficient time to ensure that the committed
4	offender will be able to receive assistance at the time the committed
5	offender is:
6	(1) released on parole;
7	(2) assigned to a community transition program; or
8	(3) discharged from the department.
9	(c) The department may use a community mental health center
0	(as defined in IC 12-7-2-38) to assist with Medicaid applications
1	under this section.
-2	SECTION 4. IC 11-10-12-5.7 IS ADDED TO THE INDIANA



1	CODE AS A <b>NEW</b> SECTION TO READ AS FOLLOWS
2	[EFFECTIVE JULY 1, 2015]: Sec. 5.7. (a) The department shall
3	assist a committed offender who has a mental illness or addictive
4	disorder in securing treatment through an approved Medicaid
5	program, as the authorized representative as described in
6	IC 11-10-3-7, so that the committed offender might be eligible for
7	treatment when the offender is subsequently:
8	(1) released on parole;
9	(2) assigned to a community transition program; or
10	(3) discharged from the department.
11	(b) The department shall provide the assistance described in
12	subsection (a) in sufficient time to ensure that the committed
13	offender will be able to receive treatment at the time the committed
14	offender is:
15	(1) released on parole;
16	(2) assigned to a community transition program; or
17	(3) discharged from the department.
18	(c) The department may use a community mental health center
19	(as defined in IC 12-7-2-38) to assist with securing treatment for a
20	mentalillnessoraddictivedisorderthroughtheMedicaidprogram
21	under this section.
22	SECTION 5. IC 11-12-3.7-13 IS AMENDED TO READ AS
23	FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 13. (a) As used in this
24	section, "account" means the forensic diversion program account
25	established as an account within the state general fund by subsection
26	(b).
27	(b) The forensic diversion program account is established within the
28	state general fund to:
29	(1) administer and carry out the purposes of this chapter; and
30	(2) administer and fund mental illness and addictive disorder
31	assessments under IC 35-33-1-7 of individuals arrested and
32	taken into custody.
33	The department shall administer the account.
34	(c) The expenses of administering the account shall be paid from
35	money in the account.
36	(d) The treasurer of state shall invest money in the account in the
37	same manner as other public money may be invested.
38	(e) Money in the account at the end of the state fiscal year does not
39	revert to the state general fund.
40	(f) The account consists of:
41	(1) amounts appropriated by the general assembly; and



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(2) donations, grants, and money received from any other source.

- (g) The department shall adopt guidelines governing the disbursement of funds to the advisory board to support the operation of the forensic diversion program.
- (h) There is annually appropriated to the department from the account an amount sufficient to carry out the purposes of this chapter.
- (i) Twenty-two million dollars (\$22,000,000) is annually appropriated in 2015 and in each year thereafter to the account to fund the requirements under subsection (b)(2). Any funds not needed to fund the requirements of subsection (b)(2) remain in the fund for other allowable purposes.

SECTION 6. IC 11-12-5-9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 9. (a) Upon discharge or release of an offender from a county jail, the sheriff shall assist the offender in applying for Medicaid, if eligible, as the authorized representative as described in IC 11-10-3-7, so that the offender might be eligible for assistance when the offender is subsequently released from the county jail.

- (b) The sheriff shall provide the assistance described in subsection (a) in sufficient time to ensure that the offender will be able to receive assistance at the time the offender is released from the county jail.
- (c) A sheriff may use a community mental health center (as defined in IC 12-7-2-38) to assist with Medicaid applications under this section.

SECTION 7. IC 11-12-5-10 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 10. (a) Upon discharge or release of an inmate from the county jail, the sheriff shall assist an offender who has a mental illness or addictive disorder in securing treatment through an approved Medicaid program for substance abuse addiction, as the authorized representative as described in IC 11-10-3-7, so that the offender might be eligible for treatment when the offender is subsequently released from the county jail.

- (b) The sheriff shall provide the assistance described in subsection (a) in sufficient time to ensure that the offender will be able to receive treatment at the time the committed offender is released from the county jail.
- (c) A sheriff may use a community mental health center (as defined in IC 12-7-2-38) to assist with securing treatment for a mental illness or addictive disorder through the Medicaid program under this section.

SECTION 8. IC 12-15-1-20.4, AS AMENDED BY P.L.1-2010,



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1	SECTION 57, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2	JULY 1, 2015]: Sec. 20.4. (a) If a Medicaid recipient is:
3	(1) less than eighteen (18) years of age;
4	(2) (1) adjudicated to be a delinquent child and placed in:
5	(A) a community based correctional facility for children;
6	(B) a juvenile detention facility; or
7	(C) a secure facility, not including a facility licensed as a child
8	caring institution under IC 31-27; or
9	(2) incarcerated in a prison or jail; and
10	(3) ineligible to participate in the Medicaid program during the
11	placement described in subdivision (1) or (2) because of federal
12	Medicaid law, the division of family resources, upon notice that a child
13	has been adjudicated to be a delinquent child and placed in a facility
14	described in subdivision (2) (1) or upon notice that a person is
15	incarcerated in a prison or jail and placed in a facility described in
16	subdivision (2), shall suspend the child's person's participation in the
17	Medicaid program for up to six (6) twelve (12) months before
18	terminating the child's person's eligibility.
19	(b) If the division of family resources receives:
20	(1) a dispositional decree under IC 31-37-19-28; or
21	(2) a modified disposition order under IC 31-37-22-9;
22	and the department of correction gives the division at least forty (40)
23	days notice that a child person will be released from a facility
24	described in subsection (a)(2)(C), (a)(1)(C) or (a)(2), the division of
25	family resources shall take action necessary to ensure that a child
26	person described in subsection (a) is eligible to participate in the
27	Medicaid program upon the child's person's release, if the child
28	person is eligible to participate.
29	SECTION 9. IC 12-15-1.3-13.5 IS ADDED TO THE INDIANA
30	CODE AS A <b>NEW</b> SECTION TO READ AS FOLLOWS
31	[EFFECTIVE JULY 1, 2015]: Sec. 13.5. (a) Before January 1, 2016,
32	the office shall apply to the United States Department of Health
33	and Human Services for any amendment to the state Medicaid plan
34	or demonstration waiver that is needed to provide a community
35	mental health center with the ability to make a presumptive
36	eligibility determination for an individual seeking health treatment
37	or services.
38	(b) The office may not implement the amendment or waiver
39	until the office files an affidavit with the governor attesting that the
40	amendment or waiver applied for under this section is in effect.
41	The office shall file the affidavit under this subsection not more

than five (5) days after the office is notified that the amendment or  $\frac{1}{2}$ 



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waiver is approved.

- (c) If the office receives approval for the amendment or waiver under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (b), the office shall implement the amendment or waiver not more than sixty (60) days after the governor receives the affidavit.
- (d) The office may adopt rules under IC 4-22-2 to implement this section.

SECTION 10. IC 12-15-1.3-18 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 18. (a) Before January 1, 2016, the office shall apply to the United States Department of Health and Human Services for any amendment to the state Medicaid plan or demonstration waiver that is needed to provide behavioral health homes using care coordination teams in the delivery of behavioral health and primary health services as allowable under Section 2703 of the federal Patient Protection and Affordable Care Act.

- (b) The office may not implement the amendment or waiver until the office files an affidavit with the governor attesting that the amendment or waiver applied for under this section is in effect. The office shall file the affidavit under this subsection not more than five (5) days after the office is notified that the amendment or waiver is approved.
- (c) If the office receives approval for the amendment or waiver under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (b), the office shall implement the amendment or waiver not more than sixty (60) days after the governor receives the affidavit.
- (d) The office may adopt rules under IC 4-22-2 to implement this section.

SECTION 11. IC 12-15-4-2.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2.5. (a) The department of correction is, for an inmate described in IC 11-10-3-7(b), the inmate's Medicaid authorized representative.

(b) The sheriff responsible for the operation of a county jail that an offender is imprisoned in is, for an offender described in IC 11-10-3-7(c), the offender's Medicaid authorized representative.

SECTION 12. IC 12-15-11-8 IS ADDED TO THE INDIANA



1	CODE AS A NEW SECTION TO READ AS FOLLOWS
2	[EFFECTIVE JULY 1, 2015]: Sec. 8. (a) A community mental health
3	center may use the center's provider identification number to file
4	any Medicaid claim, including primary care health services, if the
5	community mental health center:
6	(1) is otherwise treating the individual for a mental health
7	condition or an addictive disorder; and
8	(2) meets the requirements to provide the services rendered
9	(b) The office may not require a community health center to
10	obtain a separate provider identification number to provide
l 1	services that the community health center meets the requirements
12	to provide.
13	(c) The office may not limit the filing of a Medicaid claim by a
14	community mental health center for primary care services, menta
15	health conditions, and addictive disorders on the same day as long
16	as the services are covered services and necessary to ensure
17	coordinated care for the recipient.
18	SECTION 13. IC 12-21-5-2, AS AMENDED BY P.L.93-2011
19	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
20	JULY 1, 2015]: Sec. 2. The division is responsible for the following:
21	(1) The planning, research, and development of programs and
22	methods for the education and treatment of children with ar
23	emotional disturbance.
24	(2) The coordination of governmental services, activities, and
25	programs in Indiana relating to such children.
26	(3) The administration of the state supported services concerned
27	with such children.
28	(4) The preparation of the annual report required by IC 7.1-6-2-5
29	(5) The provision of a mental health first aid training program
30	developed under section 4 of this chapter, including providing
31	information and guidance to local school corporations on the
32	development of evidence based programs for basic or inservice
33	courses for teachers and training for teachers on the following:
34	(A) Prevention of child suicide.
35	(B) Recognition of signs that a student may be considering
36	suicide.
37	SECTION 14. IC 12-21-5-4 IS ADDED TO THE INDIANA CODE
38	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
39	1, 2015]: Sec. 4. (a) To the extent that funds are made available, the
10	division, in consultation with:

(1) the department of education;

(2) the law enforcement training board;



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1	(3) the Indiana Council of Community Mental Health
2	Centers;
3	(4) Mental Health America-Indiana; and
4	(5) the Indiana emergency medical services commission;
5	shall develop and administer a mental health first aid training
6	program.
7	(b) The mental health first aid training program developed
8	under section (a) must do the following:
9	(1) Train individuals attending the training program to
10	recognize the risk factors and signs of mental health problems
11	or crises in children and young adults, including signs that a
12	child or young adult may be considering suicide.
13	(2) Train individuals attending the training program to guide
14	children and young adults who exhibit signs of a mental
15	health problem or crisis to appropriate behavioral health
16	services.
17	(c) The division shall provide training for individuals who will
18	be instructors in the mental health first aid training program.
19	(d) The division shall make the mental health first aid training
20	program available to licensed teachers, school counselors,
21	emergency medical service providers, law enforcement officers,
22	leaders of community faith organizations, and other persons
23	interested in receiving training under the program.
24	(e) The division, the department of education, and the Indiana
25	emergency medical services commission may seek federal and state
26	funding and may accept private contributions to administer and
27	provide mental health first aid training programs.
28	(f) Notwithstanding any other law, the division is not required
29	to implement the mental health first aid training program until
30	after June 30, 2016.
31	SECTION 15. IC 12-29-5 IS ADDED TO THE INDIANA CODE
32	AS A <b>NEW</b> CHAPTER TO READ AS FOLLOWS [EFFECTIVE
33	JULY 1, 2015]:
34	Chapter 5. Grants for Mental Health Counselor Licenses for
35	School Counselors
36	Sec. 1. (a) The division may award matching grants to school
37	corporations to provide training necessary for school counselors in
38	elementary schools (as defined in IC 20-18-2-4) or high schools (as
39	defined in IC 20-18-2-7) to meet the requirements necessary to
40	obtain a mental health counselor license under IC 25-23.6-8.5.

obtain a mental health counselor license under IC 25-23.6-8.5.

hundred (100) school counselors annually.

(b) The division may not award grants to more than one



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1	(c) Grants shall be funded from the Indiana secured school fund
2	established by IC 10-21-1-2. The department of homeland security
3	shall authorize the division to receive funding, in an amount not to
4	exceed the annual maximum amount described in IC 10-21-1-2(b),
5	from the fund to make grants under this section.
6	Sec. 2. A school counselor or school corporation may apply for
7	a grant under this chapter in a manner prescribed by the division.
8	The division shall establish the amount of and the terms of a grant.
9	Sec. 3. The division may adopt rules under IC 4-22-2 necessary
10	to administer this chapter.
11	SECTION 16. IC 16-31-2-7, AS AMENDED BY P.L.77-2012,
12	SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13	JULY 1, 2015]: Sec. 7. (a) The commission shall do the following:
14	(1) Develop and promote, in cooperation with state, regional, and
15	local public and private organizations, agencies, and persons, a
16	statewide program for the provision of emergency medical
17	services that must include the following:
18	(A) Preparation of state, regional, and local emergency
19	ambulance service plans.
20	(B) Provision of consultative services to state, regional, and
21	local organizations and agencies in developing and
22	implementing emergency ambulance service programs.
23	(C) Promotion of a statewide system of emergency medical
24 25	service facilities by developing minimum standards,
25	procedures, and guidelines in regard to personnel, equipment,
26	supplies, communications, facilities, and location of such
27	centers.
28	(D) Promotion of programs for the training of personnel
29	providing emergency medical services and programs for the
30	education of the general public in first aid techniques and
31	procedures. The training shall be held in various local
32	communities of the state and shall be conducted by agreement
33	with publicly and privately supported educational institutions
34	or hospitals licensed under IC 16-21, wherever appropriate.
35	(E) Promotion of coordination of emergency communications,
36	resources, and procedures throughout Indiana and, in
37	cooperation with interested state, regional, and local public
38	and private agencies, organizations, and persons, the
39	development of an effective state, regional, and local
40	emergency communications system.
41	(F) Organizing and sponsoring a statewide emergency medical
42	services conference to provide continuing education for



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1	persons providing emergency medical services.
2	(2) Regulate, inspect, and certify or license services, facilities
3 4	and personnel engaged in providing emergency medical service
5	as provided in this article.
6	(3) Adopt rules required to implement an approved system o
7	emergency medical services.
8	(4) Adopt rules concerning triage and transportation protocols for
9	the transportation of trauma patients consistent with the field
	triage decision scheme of the American College of Surgeon
10	Committee on Trauma.
11	(5) Apply for, receive, and accept gifts, bequests, grants-in-aid
12	state, federal, and local aid, and other forms of financia
13	assistance for the support of emergency medical services.
14	(6) Employ necessary administrative staff.
15	(b) The commission shall include the provision of the menta
16 17	health first aid training program developed under IC 12-21-5-4 in
17	the promotion of continuing education programs under subsection
18	(a)(1)(D).
19	SECTION 17. IC 20-28-3-4, AS AMENDED BY P.L.93-2011
20	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
21 22	JULY 1, 2015]: Sec. 4. A governing body may adjourn the governing
22	body's schools for not more than three (3) days in a school year to allow
23	teachers, school administrators, and paraprofessionals to participate in
24	(1) a session concerning agricultural instruction conducted in the
25 26	county;
26	(2) a meeting of a teachers' association;
27	(3) a visitation of model schools under a governing body'
28	direction;
29	(4) a basic or inservice course of education and training on autism
30	that is certified by the state board in conjunction with the state
31	health commissioner and any other appropriate entity determined
32	by the state board; or
33	(5) a basic or inservice course of education and training on:
34	(A) mental health first aid (IC 12-21-5-4); and
35	(B) the prevention of child suicide and the recognition of sign
36	that a student may be considering suicide.
37	A governing body shall pay a teacher the teacher's per diem salary fo
38	the teacher's participation.
39	SECTION 18. IC 20-28-5-3, AS AMENDED BY P.L.6-2012
40	SECTION 135, IS AMENDED TO READ AS FOLLOWS
41	[EFFECTIVE JULY 1, 2015]: Sec. 3. (a) The department shall
42	designate the grade point average required for each type of license.



1	(b) The department shall determine details of licensing not provided
2	in this chapter, including requirements regarding the following:
3	(1) The conversion of one (1) type of license into another.
4	(2) The accreditation of teacher education schools and
5	departments.
6	(3) The exchange and renewal of licenses.
7	(4) The endorsement of another state's license.
8	(5) The acceptance of credentials from teacher education
9	institutions of another state.
10	(6) The academic and professional preparation for each type of
11	license.
12	(7) The granting of permission to teach a high school subject area
13	related to the subject area for which the teacher holds a license.
14	(8) The issuance of licenses on credentials.
15	(9) The type of license required for each school position.
16	(10) The size requirements for an elementary school requiring a
17	licensed principal.
18	(11) Any other related matters.
19	The department shall establish at least one (1) system for renewing a
20	teaching license that does not require a graduate degree.
21	(c) This subsection does not apply to an applicant for a substitute
22	teacher license. After June 30, 2011, the department may not issue an
23	initial practitioner license at any grade level to an applicant for an
24	initial practitioner license unless the applicant shows evidence that the
25	applicant:
26	(1) has successfully completed training approved by the
27	department in:
28	(A) cardiopulmonary resuscitation that includes a test
29	demonstration on a mannequin;
30	(B) removing a foreign body causing an obstruction in an
31	airway;
32	(C) the Heimlich maneuver; and
33	(D) the use of an automated external defibrillator;
34	(2) holds a valid certification in each of the procedures described
35	in subdivision (1) issued by:
36	(A) the American Red Cross;
37	(B) the American Heart Association; or
38	(C) a comparable organization or institution approved by the
39	advisory board; or
40	(3) has physical limitations that make it impracticable for the
41	applicant to complete a course or certification described in
42	subdivision (1) or (2).



1	The training in this subsection applies to a teacher (as defined in
2	IC 20-18-2-22(b)).
3	(d) This subsection does not apply to an applicant for a substitute
4	teacher license. After June 30, 2013, the department may not issue an
5	initial teaching license at any grade level to an applicant for an initial
6	teaching license unless the applicant shows evidence that the applicant
7	has successfully completed education and training on:
8	(1) mental health first aid (IC 12-21-5-4); and
9	(2) the prevention of child suicide and the recognition of signs
10	that a student may be considering suicide.
11	(e) This subsection does not apply to an applicant for a substitute
12	teacher license. After June 30, 2012, the department may not issue a
13	teaching license renewal at any grade level to an applicant unless the
14	applicant shows evidence that the applicant:
15	(1) has successfully completed training approved by the
16	department in:
17	(A) cardiopulmonary resuscitation that includes a test
18	demonstration on a mannequin;
19	(B) removing a foreign body causing an obstruction in an
20	airway;
21	(C) the Heimlich maneuver; and
22	(D) the use of an automated external defibrillator;
23	(2) holds a valid certification in each of the procedures described
24	in subdivision (1) issued by:
25	(A) the American Red Cross;
26	(B) the American Heart Association; or
27	(C) a comparable organization or institution approved by the
28	advisory board; or
29	(3) has physical limitations that make it impracticable for the
30	applicant to complete a course or certification described in
31	subdivision (1) or (2).
32	(f) The department shall periodically publish bulletins regarding:
33	(1) the details described in subsection (b);
34	(2) information on the types of licenses issued;
35	(3) the rules governing the issuance of each type of license; and
36	(4) other similar matters.
37	SECTION 19. IC 20-34-3-21 IS ADDED TO THE INDIANA
38	CODE AS A <b>NEW</b> SECTION TO READ AS FOLLOWS
39	[EFFECTIVE JULY 1, 2015]: Sec. 21. Before July 1, 2016, each
40	school corporation shall enter into a memorandum of
41	understanding with a mental health care provider or a community

mental health center established under IC 12-29-2 to establish



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conditions or terms for referring students of the school corporation to the mental health care provider or community mental health center for services.

SECTION 20. IC 35-33-1-7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1,2015]: Sec. 7. (a) A person who is arrested and taken into custody shall be assessed by a qualified and licensed mental health or addiction professional who is associated with a community mental health center certified under IC 12-21-2-3(5)(C) to determine if the person has any mental health issues or substance abuse addictions. Additional assessments must occur every six (6) months while the person remains in jail.

- (b) If the mental health or addiction professional determines a person described in subsection (a) has a mental health issue or a substance abuse addiction, the mental health or addiction professional shall report each mental health issue or substance abuse addiction with a recommended treatment plan to:
  - (1) the person; and

(2) the law enforcement agency that arrested the person.

