

MAR 02 2023

In what is possibly the most far-reaching study on mental health in Indiana, legislation authored by Senator Mike Crider created the Indiana Behavioral Health Commission.

CITY CLERK

The charge of the Commission was to study the cost of untreated mental illness and make recommendations to enhance the behavioral health needs of our state. The Commission was Chaired by DMHA Director Jay Chaudhary, and the recommendations would recreate the mental health and addiction infrastructure in Indiana. The initial recommendations have been incorporated into SB 1, authored by Senator Crider. While SB 1 is just the beginning and the Commission needs to continue its work, it is certainly an amazing first step in the process of improving Indiana's behavioral health service delivery system.

According to the Report, the substantial burden of mental illness on Hoosier families and communities is demonstrated by the following:

- Approximately one in five Hoosiers experience mental illness each year.
- For every four Hoosiers treated for mental illness, one additional Hoosier is untreated.
- Mental illness is associated with the prevalence and progression of many burdensome and costly chronic diseases, such as diabetes and cardiovascular disease.
- An estimated 40% of individuals who are incarcerated have a mental illness. One in four who are incarcerated have a serious mental illness. This does not include substance use disorder which pushes the number to 80%.
- Nearly half (45%) of homeless individuals have a mental illness, particularly among those who are chronically homeless.
- Eighty percent of Hoosiers with a serious mental illness are unemployed.

The cost of untreated mental illness in Indiana is estimated to be \$4.2 billion every year. The largest cost attributable to untreated mental illness was premature mortality, which is valued at over \$1.4 billion. Productivity losses were estimated to cost \$885 million each year, and direct healthcare costs \$708 million. The Report distinguished between Direct and Indirect Costs. Direct healthcare costs include costs of \$708 million annually, which include \$142 million to Medicaid and \$567 million to private insurers. Direct non-healthcare costs include costs of \$106 million to Indiana's criminal justice system and costs of \$9.9 million to Indiana through homeless supports. Indirect Costs include \$1.5 billion in premature mortality, which includes both the risk of unintentional death attributed to mental illness and the cost due to intentional death.

Also included, were the costs of \$885 million due to productivity losses, \$750 million of which was lower productivity among workers. The Report included the costs of \$566 million for caregiving, \$546 million of which was lower productivity among caregivers and the cost of \$407 million in unemployment for those unable to work.

The Report recognized that the behavioral health service delivery system in Indiana was lacking and that an enhanced infrastructure would provide services for Hoosiers to create a higher quality of life.

In addition, cost savings may be realized through reducing the number of Hoosiers with untreated and undertreated mental illness. The Report stated that such may be achieved by strengthening the mental health provider workforce, improving access to mental health services, ensuring that policies enable providers to use the full range of treatment options, reducing barriers to treatment initiation such as transportation challenges, increasing awareness and reducing stigma around mental illness, and encouraging employers to support mental health initiatives.

and Human Services Board; facilitate the implementation of physician and psychology compacts as well as other future compacts advocated for by other IPLA recognized behavioral health professionals; and mandate the modernization and increasing digitization of the IPLA licensing process.

(g3). Legislate the funding for a long-term student loan repayment or tuition reimbursement program for behavioral health professionals committed to working in Indiana and serving underserved communities.

H. Infrastructure Recommendations

(h1). Legislatively require Indiana Managed Care Entities to participate in a centralized credentialing process.

I. Funding Recommendations

(i1). Pass a \$1 surcharge to fund a comprehensive crisis response system

(i2). Request for the General Assembly to increase the appropriation for care of individuals with Serious Mental Illness by no less than 60% over the next two biennium budgets

This Commission Report provides Indiana with the opportunity to develop the infrastructure in behavioral health that has been historically lacking. SB 1 is the first step in implementing the recommendations from this report and would begin to develop Indiana's Behavioral Health infrastructure with the development of a Crisis Response System and CCBHCs. Please contact your legislator and ask him/her to vote for SB 1 as well as the \$1 surcharge for 988 with the recommended funding in the budget.



The economic burden of untreated mental illness in Indiana

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Mental illness results in undesirable outcomes for individuals, families, and communities.

- Approximately 22% of Hoosiers experience mental illness each year
- Half of Hoosiers (52.5%) with serious mental illness go untreated
- Mental illness may cause people to neglect their other ailments, such as diabetes and cardiovascular disease, which increase overall health costs
- Approximately 40% of the incarcerated population have a mental illness; 25% have a serious mental illness.
- Almost half (45%) of the homeless population have a mental illness with likely higher rates among those chronically homeless
- 80% of Hoosiers with a serious mental illness are unemployed

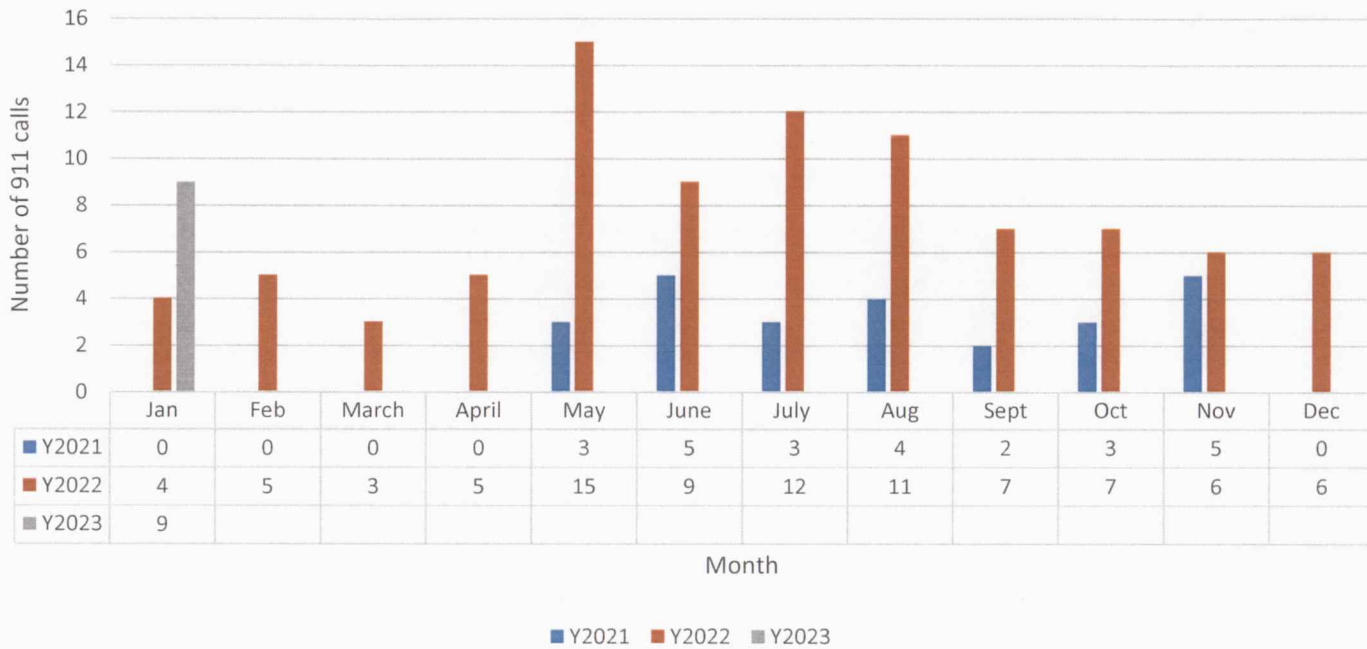
Indiana University experts estimated the annual economic burden associated with untreated mental illness in Indiana and found:

<p>➔ In 2019, 219,135 Hoosiers (adults and children) had untreated mental illness</p> <p>➔ Each Hoosier with untreated mental illness has an average of \$18,940 in cost</p>	
<p>Direct health care utilization for untreated mental illness:</p> <ol style="list-style-type: none"> 1. Inpatient costs 2. Outpatient costs 3. Emergency department costs 4. Pharmacy costs 5. All other healthcare costs 	<p>Direct Health Care costs</p> <p>\$708 million</p> <p>(<small>\$142m to Medicaid & \$567m to private insurers</small>)</p>
<p>Direct non-healthcare services for untreated mental illness:</p> <ol style="list-style-type: none"> 6. Increased incarceration (jail, prisons, and juvenile detention centers) costs 7. Increased homeless shelters costs 	<p>Non-Healthcare Services</p> <p>\$106.4 million</p>
<p>Indirect costs for untreated mental illness:</p> <ol style="list-style-type: none"> 8. Higher unemployment 9. Significant workplace productivity losses (absenteeism & presenteeism) 10. Higher all-cause mortality 11. Higher suicide rates 12. Increased healthcare costs for caregivers of Hoosiers with mental illness 13. Workplace productivity losses among caregivers of Hoosiers with mental illness 	<p>Indirect costs</p> <p>\$3.3 billion</p> <p>(<small>Nearly half due to premature mortality</small>)</p>
<p align="center">Total Economic Burden of Untreated Mental Health in Indiana:</p> <p align="center">\$4.2 billion</p>	

Takeaways:

- Costs of untreated mental illness in Indiana was equivalent to 1.2% of our state GDP (\$338 billion) and is the equivalent of approximately 100,000 Hoosier jobs.
- Every Hoosier pays a loss equivalent to \$600 annually (\$1600 per family) for untreated mental illness in Indiana.
- Not addressing mental illness in new and innovative ways costs Indiana dearly

911 calls from 830 S. 6th Street: Hickory Treatment Center



February 4, 2021:
 Property rezoned to
 open as recovery
 treatment center