



Youth Justice Oversight Committee

Behavioral Health Work Group

Minutes (September 13, 2022)

I. MEETING DETAILS

August 13, 2022 from 2pm-4pm ET

IGCS Wabash Center, Room 1

Minutes By: Nick Parker, Staff

II. ATTENDEES

Members present in-person: 9

- Bartnick, Cheryl – Allen County Probation
- Baumer, Keena – Indiana Medicaid (FSSA)
- Blackmon, Serrilla – Division of Mental Health & Addiction (FSSA)
- Dauss, Dr. Kristen – Indiana Department of Correction
- Drapeau, Dr. Chris – Division of Mental Health & Addiction (FSSA)
- Frantz, Zoe – Indiana Council of Community Mental Health Centers
- Harlan-York, Jessica – Division of Disability & Rehabilitative Services (FSSA)
- Mehta, Dr. Crystal – Indiana Department of Correction
- Simmons, Brittany – Indiana Office of Court Services

Members present electronically: 4

- Becker, Amber – Division of Mental Health & Addiction (FSSA)
- Hulvershorn, Dr. Leslie – Indiana University School of Medicine / DMHA (FSSA)
- Pratt, Alicia – Tippecanoe County Public Defender
- Welker, Judge Mary – Pulaski County Circuit Court

Members absent: 3

- Davis, Ann – Indiana Association of Resources & Child Advocacy
- Hott, Courtney – Indiana Department of Education
- James, Waylon – Indiana Department of Child Services

Staff present: 2

- Nick Parker, Indiana Office of Court Services
- Mindy Pickett, Indiana Office of Court Services

Guests or speakers present: 0

III. APPROVAL OF MINUTES

August 28 minutes approved by vote of committee (9-0-1)

Posted to Teams site (Meeting 1)

IV. INTRODUCTIONS

- New members were introduced to the group (Simmons, Welker)

V. PRESENTATIONS

- None

VI. GROUP DISCUSSION

Strengths and Opportunities

- Staff created a list of strengths and opportunities, based on responses from work group
 - Strengths included: existing collaborative relationships; structure of agencies; trauma-informed care; recognition by courts and legislature; ability to access services regardless of system involvement (BDDS); telehealth; Medicaid MCEs; providing liberty to youth; and assessments
 - Opportunities included: limited available services; personnel and staffing issues; lack of parental support for follow-up; lack of innovations; quality of services; space issues; requiring children to be in the system; wrap-around services; detention centers not being mental health institutions; lack of

consistent procedures between counties; cost of services; and quality/consistency of assessments

Mapping the Indiana System

- Members were asked to explain their organization's role and elaborate on the strengths or opportunities identified by the work group
- Department of Correction – does an assessment; develops and delivers a report to the court; court determines best interest for child; taken for treatment and interventions as needed (Logansport)
 - Clinical – student does intake; seen by psychologist or mental health professional; determine if referral to psychiatry is warranted; look at medications and link to addiction recovery specialist; once in facility, behavioral health code assigned and determination of level of services needed
 - Programming – look at behaviors; teach skills; receive educational programming; religious opportunities
 - Discharge – to family or residential treatment; can go back on probation (no longer have DOC oversight); some go on to parole (sexually maladaptive behaviors or adjudications); DOC has care coordinators to help parents navigate appointments
 - Funding – all taxpayer funded
- Division of Mental Health & Addiction – do not provide direct support to youth in the justice system, but provide services to youth who have developmental disabilities or substance use issues that come into contact with juvenile justice system
 - Working with JDAI and participating in grant reviews – receive calls from local entities (detention centers; families; advocacy organizations)
- Division of Disability & Rehabilitative Services – contact from probation; navigation services (does not have a connection to involvement in justice system, but instead based on intellectual disability); getting someone enrolled into services (not someone who has already received it)
 - Dual-diagnosis – there is not a mental health service provider available
 - Sign-off on cases after everything has been addressed; might send to someone else; IQ should not preclude someone from getting treatment for active psychosis; support and tech assistance to whoever reaches out

- BDDS – can receive services for rest of your life; have to meet certain criteria and go through an assessment; needs based/family support waiver
- Probation (Allen County) – placement is governed by DCS; push is to get them out in 30 days (kids used to average 1-1.5 years in placement) – new law on July 1 says that kids cannot be housed in adult facilities

Reminder on Attendance

- Members were reminded that they can attend 50% of meetings virtually per year (2022 has 4 meetings, so 2 can be attended virtually)
- Members were reminded that virtual attendance must be approved by the chairs at least 72 hours in advance of the meeting
- If a member has a health/medical or other need under the Electronic Meetings policy, they should let the staff know so they can plan for their absence or modified attendance – please email Nick and Mindy if this happens

VII. UPCOMING MEETINGS

Tuesday, October 4, 2022 from 1pm-3pm

IGCS Conference Center, Wabash Room 14